



Amendment No. 6  
to  
Agreement No. 9100 NG170000036  
for  
Social Services  
between  
**WRIGHT HOUSE WELLNESS CENTER**  
**DBA**  
**THE WRIGHT HOUSE WELLNESS CENTER**  
and the  
**CITY OF AUSTIN**  
(Ryan White Part A)

- 1.0 The City of Austin and the Grantee hereby agree to the Agreement revisions listed below.
- 2.0 The total amount for this Amendment to the Agreement is **Three Hundred Forty Thousand Three Hundred Eighty Two dollars (\$340,382)**. The total Agreement amount is recapped below:

Term	Agreement Change Amount	Total Agreement Amount
Basic Term: (March 1, 2017 – Feb. 28, 2018)	n/a	\$ 130,099
Amendment No. 1: Add funds to Agreement and modify Program Exhibits	\$ 191,943	\$ 322,042
Amendment No. 2: Reduce funds in Agreement and modify Program Exhibits	(\$ 60,000)	\$ 262,042
Amendment No. 3: Exercise Extension Option #1 (March 1, 2018 – Feb. 28, 2019)	\$ 287,398	\$ 549,440
Amendment No. 4: Add funds to Agreement and modify Program Exhibits	\$ 50,277	\$ 599,717
Amendment No. 5: Add funds to Agreement and modify Program Exhibits	\$ 21,661	\$ 621,378
Amendment No. 6: Exercise Extension Option #2 (March 1, 2019 – Feb. 29, 2020)	\$ 340,382	\$ 961,760

- 3.0 The following changes have been made to the original Agreement EXHIBITS:

**Exhibit A.1.1 – Program Work Statement for HIV Contract** is deleted in its entirety and replaced with **Exhibit A.1.1 – Program Work Statement for HIV Contract** [Revised 4/4/2019]

**Exhibit A.1.2 -- Program Work Statement By Service Category** is deleted in its entirety and replaced with **Exhibit A.1.2 -- Program Work Statement By Service Category** [Revised 4/4/2019]

**Exhibit A.2 -- Program Performance for HIV Service Category** is deleted in its entirety and replaced with **Exhibit A.2 -- Program Performance for HIV Service Category** [Revised 4/10/2019]

**Exhibit B.1.1 -- Program Budget for HIV Direct Services** deleted in its entirety and replaced with **Exhibit B.1.1 -- Program Budget for HIV Direct Services** [Revised 4/10/2019]

**Exhibit B.1.2 -- Program Budget for HIV Administrative Services** deleted in its entirety and replaced with **Exhibit B.1.2 -- Program Budget for HIV Administrative Services** [Revised 4/10/2019]

**Exhibit B.1.3 -- Program Budget for HIV Combined Services and Narrative** deleted in its entirety and replaced with **Exhibit B.1.3 -- Program Budget for HIV Combined Services and Narrative** [Revised 4/10/2019].

**Exhibit D -- HIV Required Reports** is deleted in its entirety and replaced with **Exhibit D -- HIV Required Reports** [Revised 2/27/2019]

**Exhibit G -- Federal Award Identification** is deleted in its entirety and replaced with **Exhibit G -- Federal Award Identification** [Revised 3/27/2019]

**4.0 The following Terms and Conditions have been MODIFIED:**

4.1.2.1 For the Program Period of 3/1/2019 through 2/29/2020, the payment from the City to the Grantee shall not exceed \$340,382 (*Three Hundred Forty Thousand Three Hundred Eighty Two dollars*).

**5.0 MBE/WBE goals were not established for this Agreement.**

**6.0 Based on the criteria in the City of Austin Living Wage Resolution #020509-91, the Living Wage requirement does not apply to this Agreement.**

**7.0 By signing this Amendment, the Grantee certifies that the Grantee and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the Exclusion records found at SAM.gov, the State of Texas, or the City of Austin.**

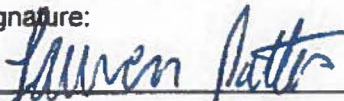
**8.0 All other Agreement terms and conditions remain the same.**



BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced Agreement.

**GRANTEE**

Signature: \_\_\_\_\_

  
THE WRIGHT HOUSE WELLNESS CENTER,  
INC.


Lauren Potter, Executive Director  
8101 Cameron Rd., Suite 105  
Austin, TX 78754

Date: \_\_\_\_\_

4/15/19

**CITY OF AUSTIN**

Signature: \_\_\_\_\_

  
City of Austin  
Purchasing Office  
PO Box 1088  
Austin, TX 78767

Date: \_\_\_\_\_

06/11/19

## **Program Work Statement For HIV Contract**

**Period Start Date** 3/1/2019

**Period End Date** 2/29/2020

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### ***Client Access***

Clients are located and directed to ASHWell programs through referrals from other agencies, City of Austin Public Health and other departments, and through ASHWell outreach activities. Barriers to services include transportation and trouble getting time off from work. ASHWell is addressing these barriers by providing transportation options including bus passes. ASHWell is also opening the medical clinic on more days and times so clients can make it to their appointments even if they work.

### ***Service Linkage, Referral, and Collaboration***

If clients are found through outreach, they are either tested and treated onsite, or a clinic appointment is made for them. If a client is self-referred, they get a clinic appointment made if that is what they want, or a case management appointment made. A screening form and assessment are done by staff to determine if they need services that are not provided at ASHWell. If so, clients are referred by phone or fax to another agency for those services. Documentation is put in their paper file if a referral is made.

ASHWell ED and Clinic Director participate in all meetings that are beneficial to clients, the city, and other agency partnerships such as CQI and Fast Track Cities.

Coordination of services and resources are done internally between programs and staff, and externally from case manager or clinic staff, to case manager/social worker with an ROI signed by the clients. WE track referrals in ARIES and in the paper files.

### ***Client Input and Involvement***

Clients are encouraged to leave comments out in the waiting rooms, attend board meetings, and give us feedback throughout the year. Clients are provided with a handbook that lets them know how to file a grievance. They are also asked about our services every 6 months when re-assessments are getting done. Clients choose what goes on their care plans along with their case manager, then sign and initial them when things are completed or established. ASHWell promotes self-sufficiency with all programs.

It is recommended that clients can leave anonymous comments in a locked box at our agency, therefore, we have a box located in the waiting room near the front desk.

### ***Cultural Competency***

ASHWell's client handbook states that client's rights include "the right to language assistance services, including bilingual staff and interpreter services, at no cost." ASHWell abides by all CLAS standards and maintains the ability to effectively communicate with all clients no matter what services they are receiving.

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## Program Work Statement By Service Category

Period Start Date 3/1/2019

Period End Date 2/29/2020

HIV Service Category CS-Medical Case Management

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### Client Eligibility

ASHWell's eligibility criteria and processes follow all applicable requirements of the Austin TGA Service Standards, the Austin HIV Services Performance Catalog, HRAU and HRSA/HAB policies, and other guidance and requirements specified by HRAU.

ASHWell collects supporting documentation to certify client eligibility for services based on:

- HIV+ diagnosis
- Verification of identity
- Verification of current residency within the five-county area in the Austin Transitional Grant Area (Bastrop, Caldwell, Hays, Travis, and Williamson counties)
- Verification of current household income (no income requirement for this program)
- Verification of insurance status

#### Initial Eligibility Verification Period

ASHWell may use up to 30 days to collect all initial eligibility documentation from a person newly engaged in services. During that time, the newly enrolled individual may receive services as appropriate to their presenting needs; however, without proper eligibility documentation in place, the client may not be served past 30 days. Consequently, the client's status must be marked as "inactive" in ARIES. Progress notes must be entered into the client's electronic file and placed in the client's paper file, to detail all attempts to obtain required eligibility documentation. The client may be reactivated after all eligibility documents are provided. All initial eligibility documentation must be dated with the date received by ASHWell (date stamped on front of document).

#### Duration of Initial Eligibility

Initial eligibility for services expires on the client's birthday or half birthday (whichever comes first) from the date the client's eligibility was first certified. The Ryan White Client Eligibility Form displays the eligibility expiration date of the last day of the appropriate month. Proof of HIV+ diagnosis and verification of identity are always required to be present and readily accessible in the client file, yet do not have an expiration date and do not need to be updated. Proof of HIV+ diagnosis and verification of identity is stamped "Original" at initial intake and moved up with each recertification thereafter. All documentation accepted for initial eligibility verification must be current, i.e., not greater than six months from the date the client presents for initial certification.

#### Recertification of Eligibility

Annual recertification of eligibility for services coincides with the last day of a client's birth month. At whichever point in the birth month that recertification is completed, the due date for attestation is the last day of the client's half birthday month. If the recertification is completed after the last day of the birth month, it does not change the due date for self-attestation; instead, it shortens the eligibility period. The Ryan White Client Eligibility Form is utilized at initial eligibility determination and during annual updates. The expiration date on the form reflects the last day of the client's half birthday month. The annual recertification visit includes gathering the following forms and posting them in the client paper file:

- Copy of Original Proof of HIV
- Copy of Original Proof of ID
- Updated Proof of Residency
- Updated Proof of Income
- Updated Proof of Health Insurance

Proof of HIV+ diagnosis and verification of identity is moved up in the chart with each recertification.

Client Self-Attestation of eligibility is aligned with the last day of the client's half birthday month (six months after their birthday month). The Six-Month Self-Attestation of Eligibility Changes Form is utilized between annual updates. If a client has not had changes in their eligibility for services, recertification does not need to be done in person. The Six-Month Self-Attestation of Eligibility Changes Form may then be signed and dated by ASHWell staff on behalf of the client. If the Six-Month Self-Attestation Form is not completed before the end of the client's half birthday month, an annual eligibility update is completed.

If a client has had a change in their income, residency, and/or insurance status, they must submit appropriate supporting

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## Program Work Statement By Service Category

Period Start Date 3/1/2019

Period End Date 2/29/2020

**HIV Service Category** CS-Medical Case Management

documentation.

If there are changes reported by the client between updates, Staff obtains verification documentation from the client and completes the Self-Attestation of Eligibility Changes Form.

ASHWell screens all clients on an annual basis to ensure Ryan White is the payor of last resort. Every reasonable effort is made to ensure all uninsured Ryan White program clients enroll in any health coverage options for which they may be eligible. This is documented in the payor of last resort screening tool. All clients who fall below 100% of the federal poverty level, are referred to a certified application counselor for Marketplace open enrollment (at a minimum), provided information of the benefits of enrolling in the ACA Marketplace, and if applicable, referred to a tax filing entity.

### Target Populations

The target population is Hispanic and/or African-American PLWH who meet the client eligibility criteria outlined in Client Eligibility Description section.

### Service Category Activities

#### Service activities linked to Budget Justification

Medical Case Management Services is the provision of a range of client-centered and culturally and linguistically appropriate activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers.

Key activities for Medical Case Management include:

Initial assessment of service needs via comprehensive assessment

Expanding upon the information gathered during the initial intake visit, medical case management staff completes an initial comprehensive assessment for all clients entering services. The initial assessment provides a broader base of knowledge needed to address complex, longer-standing psychosocial needs. Information obtained during the initial assessment, as well as ongoing reassessments conducted by assigned case managers, is used to develop a comprehensive, individualized care plan with the client, which assists in the coordination of the continuum of care.

The medical case manager begins and completes the assessment within 30 calendar days of intake date. This period allows the case manager to assess client health status over time and collect more in-depth information in order to address complex client medical, mental health and substance abuse needs. Medical Case Management staff complete the Substance Abuse and Mental Illness Symptoms Screener (SAMISS) during the comprehensive assessment process. If the client screens positive on the SAMISS, case management staff immediately refer the client to mental health counseling services (ASA, Waterloo Counseling Center, or Integral Care) or substance use (Integral Care) services, unless the client refuses the referral. In cases of refusal, the client signs the SAMISS assessment indicating their refusal for service referral. Medical case managers continue to build rapport with their clients in order to assess for readiness for mental health counseling and for appropriate access into care. At the time the client indicates readiness, the referral is made again.

#### Acuity Scale Assessment

Staff will use the Texas Case Management Acuity Scale developed by the Texas Department of State Health Services to determine the appropriate level of case management support to help client's access and maintain quality medical care and HIV disease management. Acuity should be used to help determine the impact that the client will have on the system of care and ensure that case management caseloads are distributed evenly. ASA's staff are trained and experienced at considering information collected from the client, significant others, and medical/support service providers in order to determine appropriate individualized acuity scores for each client. Those at zero acuity are not eligible for case management services. Acuity level should be re-evaluated at a minimum every three months and documented in the clients file.

#### Acuity Scale Guidelines

Acuity Scale Score: 0-9; Case Management not Indicated; No case management services will be provided.

Acuity Scale Score: 10-18; Basic Case Management; Projected graduation 3-6 months; Minimum contact every 90 days to re-assess acuity if appropriate

Acuity Scale Score: 19-36; Moderate Case Management; Projected graduation 6-9 months; Minimum contact every 60 days

Created: 4/4/2019 10:02:00 AM Last Modified: 4/4/2019 11:52:00 AM

## Program Work Statement By Service Category

Period Start Date 3/1/2019

Period End Date 2/29/2020

### HIV Service Category CS-Medical Case Management

to re-assess acuity if appropriate

Acuity Scale Score: 37-54; Comprehensive Case Management; Projected graduation 9-12 months; Minimum contact every 45 days to re-assess acuity if appropriate

Development of comprehensive, individualized care plan

Care plans are a critical component of case management activities, as they guide both the client and the case manager with an approach that is proactive to addressing the client's needs. The case manager and the client use the Initial Comprehensive Assessment to collaboratively develop a care plan for the client based on need and client readiness. Client needs identified in the Assessment/ Reassessment are prioritized and translated into a care plan which defines specific goals, objectives, and activities to meet those needs. The client and the case manager actively work together to develop and implement the care plan.

Care plans are negotiated in-person with clients to further encourage active participation and self-empowerment. Both the client and the case manager sign off on the care plan to verify agreement and understanding. Care plans are living documents for planning and tracking client goals, tasks, and outcomes for specified and identified needs. A copy is offered to the client to emphasize client participation in partnership with the case manager. The care plan is updated when outcomes are achieved and revised/amended in response to changes in the client's life circumstances or goals. Tasks and referrals are updated as identified or completed, and not at set intervals. The individualized care plan must be thoroughly completed within 45 calendar days of the client's initial intake date.

Medical Case Managers closely monitor client follow through on care plan goals and reevaluate the effectiveness of the care plan as services continue. Based on the reassessment, as needed, the care plan goals and tasks are revised with client input and includes actions to address any service utilization issues noted. Reassessments occur at minimum, every 12 months, while care plan revisions occur at least every 6 months.

Viral Suppression/Treatment Adherence

Upon assessment all clients are provided with education on basic HIV information as needed (newly diagnosed, return to care), including explanation of viral load and viral suppression. In addition, all clients are provided education on sexual health literacy and harm reduction strategies.

Clients receive education on their antiretroviral therapy regimen and why it is important to adhere to it. Medical case managers review medication side effects with the client and encourage follow up with medical providers. All clients are evaluated for medication adherence via the Medication adherence tool that is administer at assessment and then at every acuity update. Clients are then educated on the importance of medication adherence and this topic is covered at all face to face contacts with the client. Medical case managers also help clients keep track of medical appointments and the importance of staying in medical care.

Referral and Follow Up

Medical Case managers provide referrals to clients as determined appropriate or necessary. Referrals are a mutual decision between the client and case manager in which the client agrees to accept a service referral from the case manager for services not currently being accessed. The medical case manager utilizes a referral tracking mechanism to monitor completion of all case management referrals to ensure the client follows up and accesses services. The case manager identifies and resolves any barriers clients may have in following through with their referrals care plan goals.

Case Closure/Graduation

Clients are evaluated by their medical case manager for closure when they are no longer engaged in active case management services. Clients graduate from the program when care plan goals are achieved, the client can independently resolve his/her issues, and both client and case manager agree that MCM services are no longer warranted. Other reasons for closure may include: referral to another case management type of program, client relocation outside of the counties of the Austin TGA, incarceration for greater than three months, client self-determination, ineligibility for services, client becomes lost to care or is no long engaging in services, client death , and/or, in rare cases, agency-initiated termination due to behavioral violations. Medical Case Managers complete a closure summary documenting case closure and reason for closure. Each closure is reviewed by the Medical Case Manager's supervisor and approved as appropriate.

### Frequency of these service activities

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## **Program Work Statement By Service Category**

**Period Start Date** 3/1/2019

**Period End Date** 2/29/2020

**HIV Service Category** CS-Medical Case Management

- Initial comprehensive assessment occurs within 30 days from intake.
- The individualized care plan is required to be completed within 45 days from intake.
- Care plan is re-evaluated and revised every six months.
- Viral Suppression/Treatment Adherence at intake and as necessary afterwards.
- Referrals and follow up at intake and as necessary afterwards.

### **Location(s) of these service activities**

Staff provide services through telephone and visit clients in venues that are convenient to the client, which include ASHWell offices, primary care and specialty clinics, hospitals, nursing facilities, and the client's home.

### **Staffing**

Required educational degrees, licensure (if applicable), other relevant qualifications: Master's degree in social work required; three years of experience in human services, preferably in HIV, mental health, or substance abuse, required; experience working with individuals of diverse cultures, ethnicities, socioeconomic backgrounds, sexual orientations, and gender identities and/or expressions preferred; training in harm reduction principles and Motivational Interviewing skills preferred.

Job Description: Perform initial comprehensive medical assessment, makes referrals to additional levels of care/social services as appropriate, work in an interdisciplinary clinical team for client care, develops and assists client in achieving care plan goals, provides client health education, reassess and reevaluate client needs periodically. Enters client data into ARIES.

### **Quality Management**

Data is assessed by inputting and running reports from ARIES, also by client medical & psychosocial assessments and acuity's that are done every 6 months. The data that is assessed is percentage of NMCM clients who had a care plan developed/updated two or more times in the measurement year, and percentage of NMCM clients who had at least one medical visit in each 6-month period of a 12 month measurement period. Contract requirement is addressed by keeping track in ARIES monthly of these outcomes, and in the paper files every 6 months.

### **HRSA/HAB Ryan White Program Monitoring Standards**

Provide written assurances and maintain documentation showing that medical case management services are provided by trained professionals who are either medically credentialed or trained health care staff and operate as part of the clinical care team.

Maintain client records that include the required elements for compliance with contractual and Ryan White programmatic requirements, including required case management activities such as services and activities, the type of contact, and the duration and frequency of the encounter.

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## Program Work Statement By Service Category

Period Start Date 3/1/2019

Period End Date 2/29/2020

HIV Service Category SS-Case Management Non-medical

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### Client Eligibility

ASHWell's eligibility criteria and processes follow all applicable requirements of the Austin TGA Service Standards, the Austin HIV Services Performance Catalog, HRAU and HRSA/HAB policies, and other guidance and requirements specified by HRAU.

ASHWell collects supporting documentation to certify client eligibility for services based on:

- HIV+ diagnosis
- Verification of Identity
- Verification of current residency within the five-county area in the Austin Transitional Grant Area (Bastrop, Caldwell, Hays, Travis, and Williamson counties)
- Verification of current household income (no income requirement for this program)
- Verification of insurance status

#### Initial Eligibility Verification Period

ASHWell may use up to 30 days to collect all initial eligibility documentation from a person newly engaged in services. During that time, the newly enrolled individual may receive services as appropriate to their presenting needs; however, without proper eligibility documentation in place, the client may not be served past 30 days. Consequently, the client's status must be marked as "inactive" in ARIES. Progress notes must be entered into the client's electronic file and placed in the client's paper file, to detail all attempts to obtain required eligibility documentation. The client may be reactivated after all eligibility documents are provided. All initial eligibility documentation must be dated with the date received by ASHWell (date stamped on front of document).

#### Duration of Initial Eligibility

Initial eligibility for services expires on the client's birthday or half birthday (whichever comes first) from the date the client's eligibility was first certified. The Ryan White Client Eligibility Form displays the eligibility expiration date of the last day of the appropriate month. Proof of HIV+ diagnosis and verification of identity are always required to be present and readily accessible in the client file, yet do not have an expiration date and do not need to be updated. Proof of HIV+ diagnosis and verification of identity is stamped "Original" at initial intake and moved up with each recertification thereafter. All documentation accepted for initial eligibility verification must be current, i.e., not greater than six months from the date the client presents for initial certification.

#### Recertification of Eligibility

Annual recertification of eligibility for services coincides with the last day of a client's birth month. At whichever point in the birth month that recertification is completed, the due date for attestation is the last day of the client's half birthday month. If the recertification is completed after the last day of the birth month, it does not change the due date for self-attestation; instead, it shortens the eligibility period. The Ryan White Client Eligibility Form is utilized at initial eligibility determination and during annual updates. The expiration date on the form reflects the last day of the client's half birthday month. The annual recertification visit includes gathering the following forms and posting them in the client paper file:

- Copy of Original Proof of HIV
- Copy of Original Proof of ID
- Updated Proof of Residency
- Updated Proof of Income
- Updated Proof of Health Insurance

Proof of HIV+ diagnosis and verification of identity is moved up in the chart with each recertification.

Client Self-Attestation of eligibility is aligned with the last day of the client's half birthday month (six months after their birthday month). The Six-Month Self-Attestation of Eligibility Changes Form is utilized between annual updates. If a client has not had changes in their eligibility for services, recertification does not need to be done in person. The Six-Month Self-Attestation of Eligibility Changes Form may then be signed and dated by ASHWell staff on behalf of the client. If the Six-Month Self-Attestation Form is not completed before the end of the client's half birthday month, an annual eligibility update is completed.

If a client has had a change in their income, residency, and/or insurance status, they must submit appropriate supporting

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## Program Work Statement By Service Category

Period Start Date 3/1/2019

Period End Date 2/29/2020

**HIV Service Category** SS-Case Management Non-medical

documentation.

If there are changes reported by the client between updates, Staff obtains verification documentation from the client and completes the Self-Attestation of Eligibility Changes Form.

ASHWell screens all clients on an annual basis to ensure Ryan White is the payor of last resort. Every reasonable effort is made to ensure all uninsured Ryan White program clients enroll in any health coverage options for which they may be eligible. This is documented in the payor of last resort screening tool. All clients who fall below 100% of the federal poverty level, are referred to a certified application counselor for Marketplace open enrollment (at a minimum), provided information of the benefits of enrolling in the ACA Marketplace, and if applicable, referred to a tax filing entity.

### Target Populations

The target population is PLWH who meet the client eligibility criteria outlined in Client Eligibility Description section.

### Service Category Activities

#### Service activities linked to Budget Justification

Non-Medical Case Management Services is the provision of a range of client-centered and culturally and linguistically appropriate activities focused on improving access to and retention in needed core medical and support services via the mitigation and elimination of barriers to HIV care. NMCM provides coordination, guidance, and assistance in accessing medical, social, housing, community, legal, financial, employment, vocational, and/or other needed services

Key activities for Non-Medical Case Management include:

Initial assessment of service needs via comprehensive assessment:

Expanding upon the information gathered during the initial intake visit, case management staff completes an initial comprehensive assessment for all clients entering services. The initial assessment provides a broader base of knowledge needed to address complex, longer-standing psychosocial needs. Information obtained during the initial assessment, as well as ongoing reassessments conducted by assigned case managers, is used to develop a comprehensive, individualized care plan with the client, which assists in the coordination of the continuum of care.

The non-medical case manager begins and completes the assessment within 30 calendar days of intake date. This period allows the case manager to assess client health status over time and collect more in-depth information in order to address complex client medical, mental health and substance abuse needs. Case Management staff complete the Substance Abuse and Mental Illness Symptoms Screener (SAMISS) during the comprehensive assessment process. If the client screens positive on the SAMISS, case management staff immediately refer the client to mental health counseling services (ASA, Waterloo Counseling Center, or Integral Care) or substance use (Integral Care) services, unless the client refuses the referral. In cases of refusal, the client signs the SAMISS assessment indicating their refusal for service referral. Case managers continue to build rapport with their clients in order to assess for readiness for mental health counseling and for appropriate access into care. At the time the client indicates readiness, the referral is made again.

Development of comprehensive, individualized care plan:

Care plans are a critical component of case management activities, as they guide both the client and the case manager with an approach that is proactive to addressing the client's needs. The case manager and the client use the Initial Comprehensive Assessment to collaboratively develop a care plan for the client based on need and client readiness. Client needs identified in the Assessment/ Reassessment are prioritized and translated into a care plan which defines specific goals, objectives, and activities to meet those needs. The client and the case manager actively work together to develop and implement the care plan.

Care plans are negotiated in-person with clients to further encourage active participation and self-empowerment. Both the client and the case manager sign off on the care plan to verify agreement and understanding. Care plans are living documents for planning and tracking client goals, tasks, and outcomes for specified and identified needs. A copy is offered to the client to emphasize client participation in partnership with the case manager. The care plan is updated when outcomes are achieved and revised/amended in response to changes in the client's life circumstances or goals. Tasks and referrals are updated as identified or completed, and not at set intervals. The individualized care plan must be thoroughly completed within

Created: 4/4/2019 11:00:00 AM Last Modified: 4/4/2019 11:51:00 AM



## Program Work Statement By Service Category

Period Start Date 3/1/2019

Period End Date 2/29/2020

**HIV Service Category** SS-Case Management Non-medical

45 calendar days of the client's initial intake date.

Continuous client monitoring to assess the efficacy of the care plan:

Non-Medical Case Managers coordinate services required to implement care plans by referring clients to appropriate resources and ensuring resource linkage. Staff ensures linkage by educating clients about the eligibility criteria and process, assisting in completion of applications, advocating on the client's behalf, and following up on referrals to monitor client progress and address barriers, as needed. The Non-Medical Case Manager provides advice and assistance in obtaining medical, public benefits (e.g. Medicare, Medicaid), social, community, legal, financial, and other needed services.

Case managers assist clients in the completion of applications for commonly needed services, including food stamps, taxi vouchers, housing through Project Transitions (an Austin-area nonprofit that provides hospice, housing and support to people living with HIV and AIDS), Housing Opportunities for People Living with AIDS, Best Single Source Plus, Section 8, and public housing, Meals on Wheels and More, Capital Area AIDS Legal Project (CAALP), Texas HIV Medication Program, and Capital Metro's Metro Access transportation program.

Regular communication, either by telephone or in person, is maintained with clients to establish rapport, as well as to foster self-advocacy and increase self-sufficiency skills. Staff provides services in venues that are convenient to the client, which include telephone contact and office, clinic, hospital, and home visits.

Case managers provide referrals to clients as determined appropriate or necessary. Referrals are a mutual decision between the client and case manager in which the client agrees to accept a service referral from the case manager for services not currently being accessed. The case manager utilizes a referral tracking mechanism to monitor completion of all case management referrals to ensure the client follows up and accesses services. The case manager identifies and resolves any barriers clients may have in following through with their referrals care plan goals.

Reevaluation and adaptation of the care plan every six months

Non-Medical Case Managers closely monitor client follow through on care plan goals and reevaluate the effectiveness of the care plan as services continue. Based on the reassessment, as needed, the care plan goals and tasks are revised with client input and includes actions to address any service utilization issues noted. Reassessments occur at minimum, every 12 months, while care plan revisions occur at least every 6 months.

Ongoing assessment of the client's and other family members' needs and personal support systems:

Non-Medical Case Managers reassess the client health, mental health, and psychosocial functioning, note changes since the last assessment, and identify new needs. Re-assessment of needs occurs at a minimum on an annual basis for the duration of the client's care in case management services and includes the client and his/her/their family member's needs.

Reassessment includes noting barriers to meeting care plan objectives and evaluating the success of case management interventions. This is also a time to reevaluate the current level of case management services and the need for additional levels. The assessment also includes a review of service utilization such as kept primary medical and specialty care appointments, use of medical nutrition therapy services, and adherence to oral health care visits. Non-Medical Case Managers incorporate client input into the assessment as well as feedback from the primary medical care team, the other assigned case manager, and other support service professionals.

Case Closure/Graduation:

Clients are evaluated by their case manager for closure when they are no longer engaged in active case management services. Clients graduate from the program when care plan goals are achieved, the client can independently resolve his/her issues, and both client and case manager agree that CM services are no longer warranted. Other reasons for closure may include: referral to another case management type of program, client relocation outside of the counties of the Austin TGA, incarceration for greater than three months, client self-determination, ineligibility for services, client becomes lost to care or is no long engaging in services, client death, and/or, in rare cases, agency-initiated termination due to behavioral violations. Case Managers complete a closure summary documenting case closure and reason for closure. Each closure is reviewed by the Case Manager's supervisor and approved as appropriate.

### Frequency of these service activities

Created: 4/4/2019 11:00:00 AM Last Modified: 4/4/2019 11:51:00 AM

## **Program Work Statement By Service Category**

**Period Start Date** 3/1/2019

**Period End Date** 2/29/2020

**HIV Service Category** SS-Case Management Non-medical

Initial comprehensive assessment occurs within 30 days from intake.

The individualized care plan is required to be completed within 45 days from intake. Care plan is re-evaluated and revised every six months.

Reassessments of client's and other family members' needs occur, at minimum, every 12 months.

Reassessment of continued eligibility for services (including residency, income and health insurance) occurs at the client's birthday and half-birth day, or as changes occur.

### **Location(s) of these service activities**

Staff provide services through telephone and visit clients in venues that are convenient to the client, which include ASHWell offices, primary care and specialty clinics, hospitals, nursing facilities, and the client's home.

### **Staffing**

Required educational degrees, licensure (if applicable), and other relevant qualifications: Bachelor's degree in social work, psychology, counseling, or related field, plus one year of experience, required; Licensure (e.g., LBSW, LMSW, or LPC) desirable but not required; Experience working with individuals of diverse cultures, ethnicities, socioeconomic backgrounds, sexual orientations, and gender identities and/or expressions preferred; Experience working with clients with substance use disorders helpful; Training in harm reduction principles and motivational interviewing skills helpful.

Job Description: Performs initial comprehensive assessment, makes referrals to additional levels of care/social services as appropriate, develops and assists client in achieving care plan goals, reassess and reevaluate client needs periodically. Enters client data into ARIES.

### **Quality Management**

Data is assessed by inputting and running reports from ARIES, also by client medical & psychosocial assessments and acuity's that are done every 6 months. The data that is assessed is percentage of NMCM clients who had a care plan developed/updated two or more times in the measurement year, and percentage of NMCM clients who had at least one medical visit in each 6-month period of a 12-month measurement period. Contract requirement is addressed by keeping track in ARIES monthly of these outcomes, and in the paper files every 6 months.

### **HRSA/HAB Ryan White Program Monitoring Standards**

Maintain client records that include the required elements as detailed by the grantee, including:

- Date of encounter
- Type of encounter
- Duration of encounter
- Key activities, including benefits/ entitlement counseling and referral services

Provide assurances that any transitional case management for incarcerated persons meets contract requirements.

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## Program Work Statement By Service Category

Period Start Date 3/1/2019

Period End Date 2/29/2020

HIV Service Category SS-Case Management Non-medical

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### Client Eligibility

ASHWell's eligibility criteria and processes follow all applicable requirements of the Austin TGA Service Standards, the Austin HIV Services Performance Catalog, HRAU and HRSA/HAB policies, and other guidance and requirements specified by HRAU.

ASHWell collects supporting documentation to certify client eligibility for services based on:

- HIV+ diagnosis
- Verification of identity
- Verification of current residency within the five-county area in the Austin Transitional Grant Area (Bastrop, Caldwell, Hays, Travis, and Williamson counties)
- Verification of current household income (no income requirement for this program)
- Verification of insurance status

#### Initial Eligibility Verification Period

ASHWell may use up to 30 days to collect all initial eligibility documentation from a person newly engaged in services. During that time, the newly enrolled individual may receive services as appropriate to their presenting needs; however, without proper eligibility documentation in place, the client may not be served past 30 days. Consequently, the client's status must be marked as "inactive" in ARIES. Progress notes must be entered into the client's electronic file and placed in the client's paper file, to detail all attempts to obtain required eligibility documentation. The client may be reactivated after all eligibility documents are provided. All initial eligibility documentation must be dated with the date received by ASHWell (date stamped on front of document).

#### Duration of Initial Eligibility

Initial eligibility for services expires on the client's birthday or half birthday (whichever comes first) from the date the client's eligibility was first certified. The Ryan White Client Eligibility Form displays the eligibility expiration date of the last day of the appropriate month. Proof of HIV+ diagnosis and verification of identity are always required to be present and readily accessible in the client file, yet do not have an expiration date and do not need to be updated. Proof of HIV+ diagnosis and verification of identity is stamped "Original" at initial intake and moved up with each recertification thereafter. All documentation accepted for initial eligibility verification must be current, i.e., not greater than six months from the date the client presents for initial certification.

#### Recertification of Eligibility

Annual recertification of eligibility for services coincides with the last day of a client's birth month. At whichever point in the birth month that recertification is completed, the due date for attestation is the last day of the client's half birthday month. If the recertification is completed after the last day of the birth month, it does not change the due date for self-attestation; instead, it shortens the eligibility period. The Ryan White Client Eligibility Form is utilized at initial eligibility determination and during annual updates. The expiration date on the form reflects the last day of the client's half birthday month. The annual recertification visit includes gathering the following forms and posting them in the client paper file:

- Copy of Original Proof of HIV
- Copy of Original Proof of ID
- Updated Proof of Residency
- Updated Proof of Income
- Updated Proof of Health Insurance

Proof of HIV+ diagnosis and verification of identity is moved up in the chart with each recertification.

Client Self-Attestation of eligibility is aligned with the last day of the client's half birthday month (six months after their birthday month). The Six-Month Self-Attestation of Eligibility Changes Form is utilized between annual updates. If a client has not had changes in their eligibility for services, recertification does not need to be done in person. The Six-Month Self-Attestation of Eligibility Changes Form may then be signed and dated by ASHWell staff on behalf of the client. If the Six-Month Self-Attestation Form is not completed before the end of the client's half birthday month, an annual eligibility update is completed.

If a client has had a change in their income, residency, and/or insurance status, they must submit appropriate supporting

Created: 4/4/2019 11:50:00 AM Last Modified:

## Program Work Statement By Service Category

Period Start Date 3/1/2019

Period End Date 2/29/2020

**HIV Service Category** SS-Case Management Non-medical

documentation.

If there are changes reported by the client between updates, Staff obtains verification documentation from the client and completes the Self-Attestation of Eligibility Changes Form.

ASHWell screens all clients on an annual basis to ensure Ryan White is the payor of last resort. Every reasonable effort is made to ensure all uninsured Ryan White program clients enroll in any health coverage options for which they may be eligible. This is documented in the payor of last resort screening tool. All clients who fall below 100% of the federal poverty level, are referred to a certified application counselor for Marketplace open enrollment (at a minimum), provided information of the benefits of enrolling in the ACA Marketplace, and if applicable, referred to a tax filing entity.

### Target Populations

The target populations are Hispanic or African-American PLWH who met the eligibility criteria outlined in Client Eligibility section.

### Service Category Activities

#### Service activities linked to Budget Justification

Key activities for Non-Medical Case Management include:

Initial assessment of service needs via comprehensive assessment:

Expanding upon the information gathered during the initial intake visit, case management staff completes an initial comprehensive assessment for all clients entering services. The initial assessment provides a broader base of knowledge needed to address complex, longer-standing psychosocial needs. Information obtained during the initial assessment, as well as ongoing reassessments conducted by assigned case managers, is used to develop a comprehensive, individualized care plan with the client, which assists in the coordination of the continuum of care.

The non-medical case manager begins and completes the assessment within 30 calendar days of intake date. This period allows the case manager to assess client health status over time and collect more in-depth information in order to address complex client medical, mental health and substance abuse needs. Case Management staff complete the Substance Abuse and Mental Illness Symptoms Screener (SAMISS) during the comprehensive assessment process. If the client screens positive on the SAMISS, case management staff immediately refer the client to mental health counseling services (ASA, Waterloo Counseling Center, or Integral Care) or substance use (Integral Care) services, unless the client refuses the referral. In cases of refusal, the client signs the SAMISS assessment indicating their refusal for service referral. Case managers continue to build rapport with their clients in order to assess for readiness for mental health counseling and for appropriate access into care. At the time the client indicates readiness, the referral is made again.

Development of comprehensive, individualized care plan:

Care plans are a critical component of case management activities, as they guide both the client and the case manager with an approach that is proactive to addressing the client's needs. The case manager and the client use the Initial Comprehensive Assessment to collaboratively develop a care plan for the client based on need and client readiness. Client needs identified in the Assessment/ Reassessment are prioritized and translated into a care plan which defines specific goals, objectives, and activities to meet those needs. The client and the case manager actively work together to develop and implement the care plan.

Care plans are negotiated in-person with clients to further encourage active participation and self-empowerment. Both the client and the case manager sign off on the care plan to verify agreement and understanding. Care plans are living documents for planning and tracking client goals, tasks, and outcomes for specified and identified needs. A copy is offered to the client to emphasize client participation in partnership with the case manager. The care plan is updated when outcomes are achieved and revised/amended in response to changes in the client's life circumstances or goals. Tasks and referrals are updated as identified or completed, and not at set intervals. The individualized care plan must be thoroughly completed within 45 calendar days of the client's initial intake date.

Continuous client monitoring to assess the efficacy of the care plan:

Created: 4/4/2019 11:50:00 AM Last Modified:



## Program Work Statement By Service Category

Period Start Date 3/1/2019

Period End Date 2/29/2020

### *HIV Service Category SS-Case Management Non-medical*

Non-Medical Case Managers coordinate services required to implement care plans by referring clients to appropriate resources and ensuring resource linkage. Staff ensures linkage by educating clients about the eligibility criteria and process, assisting in completion of applications, advocating on the client's behalf, and following up on referrals to monitor client progress and address barriers, as needed. The Non-Medical Case Manager provides advice and assistance in obtaining medical, public benefits (e.g. Medicare, Medicaid), social, community, legal, financial, and other needed services.

Case managers assist clients in the completion of applications for commonly needed services, including food stamps, taxi vouchers, housing through Project Transitions (an Austin-area nonprofit that provides hospice, housing and support to people living with HIV and AIDS), Housing Opportunities for People Living with AIDS, Best Single Source Plus, Section 8, and public housing, Meals on Wheels and More, Capital Area AIDS Legal Project (CAALP), Texas HIV Medication Program, and Capital Metro's Metro Access transportation program.

Regular communication, either by telephone or in person, is maintained with clients to establish rapport, as well as to foster self-advocacy and increase self-sufficiency skills. Staff provides services in venues that are convenient to the client, which include telephone contact and office, clinic, hospital, and home visits.

Case managers provide referrals to clients as determined appropriate or necessary. Referrals are a mutual decision between the client and case manager in which the client agrees to accept a service referral from the case manager for services not currently being accessed. The case manager utilizes a referral tracking mechanism to monitor completion of all case management referrals to ensure the client follows up and accesses services. The case manager identifies and resolves any barriers clients may have in following through with their referrals care plan goals.

Reevaluation and adaptation of the care plan every six months

Non-Medical Case Managers closely monitor client follow through on care plan goals and reevaluate the effectiveness of the care plan as services continue. Based on the reassessment, as needed, the care plan goals and tasks are revised with client input and includes actions to address any service utilization issues noted. Reassessments occur at minimum, every 12 months, while care plan revisions occur at least every 6 months.

Ongoing assessment of the client's and other family members' needs and personal support systems:

Non-Medical Case Managers reassess the client health, mental health, and psychosocial functioning, note changes since the last assessment, and identify new needs. Re-assessment of needs occurs at a minimum on an annual basis for the duration of the client's care in case management services and includes the client and his/her/their family member's needs.

Reassessment includes noting barriers to meeting care plan objectives and evaluating the success of case management interventions. This is also a time to reevaluate the current level of case management services and the need for additional levels. The assessment also includes a review of service utilization such as kept primary medical and specialty care appointments, use of medical nutrition therapy services, and adherence to oral health care visits. Non-Medical Case Managers incorporate client input into the assessment as well as feedback from the primary medical care team, the other assigned case manager, and other support service professionals.

Case Closure/Graduation:

Clients are evaluated by their case manager for closure when they are no longer engaged in active case management services. Clients graduate from the program when care plan goals are achieved, the client can independently resolve his/her issues, and both client and case manager agree that CM services are no longer warranted. Other reasons for closure may include: referral to another case management type of program, client relocation outside of the counties of the Austin TGA, incarceration for greater than three months, client self-determination, ineligibility for services, client becomes lost to care or is no long engaging in services, client death , and/or, in rare cases, agency-initiated termination due to behavioral violations. Case Managers complete a closure summary documenting case closure and reason for closure. Each closure is reviewed by the Case Manager's supervisor and approved as appropriate.

### *Frequency of these service activities*

Initial comprehensive assessment occurs within 30 days from intake.

The individualized care plan is required to be completed within 45 days from intake. Care plan is re-evaluated and revised

Created: 4/4/2019 11:50:00 AM Last Modified:

## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2019

***Period End Date*** 2/29/2020

***HIV Service Category*** SS-Case Management Non-medical

every six months.

Reassessments of client's and other family members' needs occur, at minimum, every 12 months.

Reassessment of continued eligibility for services (including residency, income and health insurance) occurs at the client's birthday and half-birth day, or as changes occur.

### ***Location(s) of these service activities***

Staff provide services through telephone and visit clients in venues that are convenient to the client, which include ASHWell offices, primary care and specialty clinics, hospitals, nursing facilities, and the client's home.

### ***Staffing***

Required educational degrees, licensure (if applicable), and other relevant qualifications: Bachelor's degree in social work, psychology, counseling, or related field, plus one year of experience, required; Licensure (e.g., LBSW, LMSW, or LPC) desirable but not required; Experience working with individuals of diverse cultures, ethnicities, socioeconomic backgrounds, sexual orientations, and gender identities and/or expressions preferred; Experience working with clients with substance use disorders helpful; Training in harm reduction principles and motivational interviewing skills helpful.

Job Description: Performs initial comprehensive assessment, makes referrals to additional levels of care/social services as appropriate, develops and assists client in achieving care plan goals, reassess and reevaluate client needs periodically. Enters client data into ARIES.

### ***Quality Management***

Data is assessed by inputting and running reports from ARIES, also by client medical & psychosocial assessments and acuity's that are done every 6 months. The data that is assessed is percentage of NMCM clients who had a care plan developed/updated two or more times in the measurement year, and percentage of NMCM clients who had at least one medical visit in each 6-month period of a 12-month measurement period. Contract requirement is addressed by keeping track in ARIES monthly of these outcomes, and in the paper files every 6 months.

### ***HRSA/HAB Ryan White Program Monitoring Standards***

Maintain client records that include the required elements as detailed by the grantee, including:

- Date of encounter
- Type of encounter
- Duration of encounter
- Key activities, including benefits/ entitlement counseling and referral services

Provide assurances that any transitional case management for incarcerated persons meets contract requirements.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2019

Period Performance End 2/29/2020

**Outputs****HIV Service Category CS-Medical Case Management**

<b>Output Measure Description</b>		<b>Period Goal</b>		
		<b>Initial/Previous</b>	<b>Adjusted</b>	<b>Target</b>
<b>How Data Is Compiled</b>				
OP1	WHWC will provide 1356 units of Part A Medical Case Management for eligible clients. 1 unit= 15 minutes of service. Information is collected by running ARIES reports per month, quarter, and year. This is collected by the Executive Director and submitted to the City.	1356		1356
OP2	13 unduplicated clients will be served-10 continuing and 3 new clients. Information is collected by running ARIES reports per month, quarter, and year. This is collected by the Executive Director and submitted to the City.	13		13

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2019

Period Performance End 2/29/2020

**Outcomes****HIV Service Category CS-Medical Case Management**

<b>Outcome Measure Description</b>		<b>Period Goal</b>		
<b>What Data Is Collected</b>				
<b>How Data Is Compiled</b>				
<b>When Data Is Evaluated</b>		<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>
OC1	Percentage of Medical Case Management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year. Outcome Target: 85%  Numerator: Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year.  Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year.  Client Exclusions: Medical case management clients who initiated medical case management services in the last six months of the measurement year. Medical case management clients who were discharged from medical case management services prior to six months of service in the measurement year.  Case managers are responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include: • ARIES reports • Medical Care Plan and plan updates documented in client file  Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).	11	13	84.62
OC2	Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits. Outcome Target: 85%  Numerator: Number of medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period.  Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period.  Client Exclusions: Clients who died at any time during the 12-month measurement period  Case managers are responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include: • ARIES reports, primary care appointment dates • Physician follow-up forms, primary care appointment dates	11	13	84.62

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## **Program Performance for HIV Service Category**

**Period Performance Start** 3/1/2019

**Period Performance End** 2/29/2020

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Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by MCM and ED.

- Case managers will report data to ED, who will verify data
- ARIES reports, excel spreadsheets, client file

Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2019

Period Performance End 2/29/2020

**Outputs****HIV Service Category SS-Case Management Non-medical**

<b>Output Measure Description</b>		<b>Period Goal</b>		
		<b>Initial/Previous</b>	<b>Adjusted</b>	<b>Target</b>
<b>How Data Is Compiled</b>				
OP1	WHWC will provide 2,893 units of Part A Non-Medical Case Management will be provided for eligible clients. 1 unit = 15 minutes of service. Information is collected by running ARIES reports per month, quarter, and year. This is collected by the Executive Director and submitted to the City.	2893		<b>2893</b>
OP2	WHWC will provide 20 unduplicated clients will be served-15 continuing and 5 new clients. Information is collected by running ARIES reports per month, quarter, and year. This is collected by the Executive Director and submitted to the City.	20		<b>20</b>

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2019

Period Performance End 2/29/2020

**Outcomes****HIV Service Category SS-Case Management Non-medical****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated****Numerator Denominator Target Percent**

OC1 Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits

17 20 85.00

Outcome Target: 85%

Numerator: Number of non-medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Case managers are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
  - Physician follow-up forms, primary care appointment dates
  - Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.
  - Case managers will report data to ED, who will verify data
  - ARIES reports, excel spreadsheets, client file
- Data will be collected by case managers when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2019

Period Performance End 2/29/2020

**Outputs****HIV Service Category SS-Case Management Non-medical**

<b>Output Measure Description</b>		<b>Period Goal</b>		
		<b>Initial/Previous</b>	<b>Adjusted</b>	<b>Target</b>
<b>How Data Is Compiled</b>				
OP1	WHWC will provide 2,355 units of Part A Non-Medical Case Management MAI for eligible clients. 1 unit= 15 minutes of service. Information is collected by running ARIES reports per month, quarter, and year. This is collected by the Executive Director and submitted to the City.	2355		<b>2355</b>
OP2	16 unduplicated clients will be served-10 continuing and 6 new clients. Information is collected by running ARIES reports per month, quarter, and year. This is collected by the Executive Director and submitted to the City.	16		<b>16</b>

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2019

Period Performance End 2/29/2020

**Outcomes****HIV Service Category SS-Case Management Non-medical****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated****Numerator Denominator Target Percent**

OC1 Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits.

14

16

87.50

Outcome Target: 85%

Numerator: Number of non-medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Case managers are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates

Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.

- Case managers will report data to ED, who will verify data
- ARIES reports, excel spreadsheets, client file

Data will be collected by case managers when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Budget for HIV - Direct Services**

Program Start Date 3/1/2019

Program End Date 2/29/2020

<i>Service Category</i>	<i>Personnel</i>	<i>Fringe</i>	<i>Travel</i>	<i>Equipment</i>	<i>Supplies</i>	<i>Contractuals</i>	<i>Other</i>	<i>Subtotal</i>
CS-Medical Case Management	52,111.00	12,086.00	348.00	0.00	1,000.00	0.00	8,735.00	<b>74,280.00</b>
SS-Case Management Non-medical	88,830.00	20,440.00	348.00	0.00	2,000.00	0.00	16,220.00	<b>127,838.00</b>
SS-Case Management Non-medical	74,130.00	17,058.00	348.00	0.00	1,500.00	11,247.00	0.00	<b>104,283.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>215,071.00</b>	<b>49,584.00</b>	<b>1,044.00</b>	<b>0.00</b>	<b>4,500.00</b>	<b>11,247.00</b>	<b>24,955.00</b>	<b>306,401.00</b>

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**Program Budget for HIV - Administrative Services**

Program Start Date 3/1/2019

Program End Date 2/29/2020

<i>Service Category</i>	<i>Personnel</i>	<i>Fringe</i>	<i>Travel</i>	<i>Equipment</i>	<i>Supplies</i>	<i>Contractuals</i>	<i>Other</i>	<i>Subtotal</i>
CS-Medical Case Management	3,300.00	759.00	0.00	0.00	0.00	2,744.00	1,410.00	<b>8,213.00</b>
SS-Case Management Non-medical	5,500.00	1,266.00	0.00	0.00	0.00	6,007.00	1,382.00	<b>14,155.00</b>
SS-Case Management Non-medical	4,125.00	949.00	0.00	0.00	0.00	5,222.00	1,317.00	<b>11,613.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>12,925.00</b>	<b>2,974.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>13,973.00</b>	<b>4,109.00</b>	<b>33,981.00</b>

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**Program Budget for HIV - Combined Services and Narrative**

Program Start Date 3/1/2019

Program End Date 2/29/2020

<i>Service Category</i>	<i>Personnel</i>	<i>Fringe</i>	<i>Travel</i>	<i>Equipment</i>	<i>Supplies</i>	<i>Contractuals</i>	<i>Other</i>	<i>Subtotal</i>
CS-Medical Case Management	55,411.00	12,845.00	348.00	0.00	1,000.00	2,744.00	10,145.00	82,493.00
SS-Case Management Non-medical	94,330.00	21,706.00	348.00	0.00	2,000.00	6,007.00	17,602.00	141,993.00
SS-Case Management Non-medical	78,255.00	18,007.00	348.00	0.00	1,500.00	16,469.00	1,317.00	115,896.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Subtotal</b>	<b>227,996.00</b>	<b>52,558.00</b>	<b>1,044.00</b>	<b>0.00</b>	<b>4,500.00</b>	<b>25,220.00</b>	<b>29,064.00</b>	<b>340,382.00</b>

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## ***Program Budget for HIV - Combined Services and Narrative***

<b><i>Service Category</i></b>	<b><i>Budget Narrative</i></b>
CS-Medical Case Management	<p>PERSONNEL: Salaries</p> <p>FRINGE: FICA (Soc. Security &amp; Medicare), Employee Insurance (Health, Dental, Vision, Life, Disability), Worker's Comp, SUTA</p> <p>TRAVEL: Local Mileage</p> <p>SUPPLIES: office and client supplies</p> <p>CONTRACTUAL: Accounting Contractor, Audit Contractor, IT Contractor</p> <p>OTHER: Postage &amp; Shipping, Printing, Insurance, Copier Lease &amp; Maintenance, Telephone, Internet, Rent, Janitorial Services, Security, Facility Maintenance &amp; Repair, Electric &amp; Water</p>
SS-Case Management Non-medical	<p>PERSONNEL: Salaries</p> <p>FRINGE: FICA (Soc. Security &amp; Medicare), Employee Insurance (Health, Dental, Vision, Life, Disability), Worker's Comp, SUTA</p> <p>TRAVEL: Local Mileage</p> <p>SUPPLIES: office and client supplies</p> <p>CONTRACTUAL: Accounting Contractor, Audit Contractor, IT Contractor</p> <p>OTHER: Postage &amp; Shipping, Printing, Insurance, Copier Lease &amp; Maintenance, Telephone, Internet, Rent, Janitorial Services, Security, Facility Maintenance &amp; Repair, Electric &amp; Water</p>
SS-Case Management Non-medical	<p>PERSONNEL: Salaries</p> <p>FRINGE: FICA (Soc. Security &amp; Medicare), Employee Insurance (Health, Dental, Vision, Life, Disability), Worker's Comp, SUTA</p> <p>TRAVEL: Local Mileage</p> <p>SUPPLIES: office and client supplies</p> <p>CONTRACTUAL: Accounting Contractor, Audit Contractor, IT Contractor</p> <p>OTHER: Postage &amp; Shipping, Printing, Insurance, Copier Lease &amp; Maintenance, Telephone, Internet, Rent, Janitorial Services, Security, Facility Maintenance &amp; Repair, Electric &amp; Water</p>

## EXHIBIT D

### HIV REQUIRED PERFORMANCE & FINANCIAL REPORTS

#### Delivery Schedule for Ryan White Part A Agreements and Contracts

Partial list of required forms and reports, to be submitted no later than the indicated due dates:

Reporting Requirements	Due Dates
<b>ARIES <u>Monthly</u> Data Report</b> and <b>ARIES <u>YTD</u> Data Report</b> (for each sub/service category: Actual Units delivered and Unduplicated Clients served for the billed month, and also cumulative Year-to-Date totals.	Ongoing ARIES data input is required. <b><u>Both</u> ARIES Data Reports</b> are due monthly, no later than the 15 <sup>th</sup> of each month for the previous month, uploaded into CIODM system
<b>Monthly Performance Report</b> and <b>Monthly Financial Summary spreadsheets</b> , including Program Income and Administrative Expenditures	Due no later than the 15 <sup>th</sup> of each month for the previous month, uploaded <b>complete MS Excel spreadsheet sets</b> into CIODM system
<i>(As applicable for each month where expenditures or performance are not within expected range):</i> <b>Monthly Expenditure and Performance Variance Report</b> by HIV Service Category (submitted in MS Word format)	For each service category that meets criteria (instructions on form), a separate form is due no later than the 15 <sup>th</sup> of each month, <b>uploaded as MS Word formatted file</b> into CIODM system
<b>Contractor Detail for Monthly Expenditures Report</b> (general ledger/financial system transactions documentation)	Actual monthly & YTD expenditures report generated from the Contractor's financial system. Due no later than the 15 <sup>th</sup> of each month for the previous month, uploaded into CIODM system
<b>Quarterly OUTCOME Performance Measures report</b> with cumulative YTD client results for numerators, denominators, and percentage rates achieved	<b>First Quarter:</b> March 2019 through May 2019, due July 14 <sup>th</sup> , 2019 <b>Second Quarter:</b> June 2019 through August 2019, due October 14 <sup>th</sup> , 2019 <b>Third Quarter:</b> September 2019 through November 2019, due January 14 <sup>th</sup> , 2020 <b>Fourth Quarter:</b> December 2019 through February 2020, due April 14 <sup>th</sup> , 2020 (final 12-month cumulative YTD report)  All reports must be completed on COA forms and following instructions as provided
<b>Administrative and Fiscal Review (AFR) Annual report</b> with all required attachments submitted into CIODM system	Due in conjunction with the submission of the Grantee's annual financial audit report or financial review report
<b>Final Term Period Closeout Report</b> for the annual contract term	April 14 <sup>th</sup> , 2020
<b>Annual Audit/ Financial Report</b> with Management Letter and all related items – one bound, hard copy original delivered to APH offices <b>plus</b> electronic forms completed and uploaded into CIODM system	No later than 270 calendar days after close of provider agency's fiscal year

# FEDERAL AWARD IDENTIFICATION

1. **Subrecipient Name:** Wright House Wellness Center dba The Wright House Wellness Center
2. **Subrecipient's DUNS Number:** 842502320
3. **Federal Award Identification Number** 2 H89HA00036-25-00
4. **Federal Award Date (date the Federal Award is signed by Federal awarding agency official):** 1/10/2019
5. **Subaward Period of Performance Start and End Date:**  
*Start Date* 3/1/2019  
*End Date* 2/29/2020
6. **Amount of Federal Funds Obligated to (or Contracted for) by this action by the pass-through entity to the Subrecipient:** \$ 340,382
7. **Total Amount of Federal Funds Obligated (or Contracted for) to the Subrecipient by the pass-through entity, including the current obligation:** \$ 961,760
8. **Total Amount of Federal Award awarded to the pass-through entity:** \$ 5,098,852
9. **Federal Award Project Description (please provide a brief, but concise, description of the purpose and intended outcomes of the subaward):**  
This grant program provides core medical and support services for eligible clients living with HIV in the grant service area.
10. **Name of Federal Awarding Agency, Pass Through Entity, and contact information for Awarding Official:**  
*Federal Awarding Agency:* U.S. Dept. of Health and Human Services, Health Resources and Services Administration  
*Pass Through Entity:* Austin Public Health, City of Austin  
*Awarding Official Contact Information:* Stephanie Hayden, Department Director  
(512) 972-5010, [stephanie.hayden@austintexas.gov](mailto:stephanie.hayden@austintexas.gov)
11. **CFDA Number and Name:** Ryan White Part A HIV Emergency Relief Grant Program  
CFDA #93.914
12. **Is award for Research & Development?** No
13. **Indirect Cost Rate for the Federal Award:** Not Applicable





Amendment No. 5  
to  
Agreement No. NG170000036  
for  
Social Services  
between  
**THE WRIGHT HOUSE WELLNESS CENTER, INC.**  
and the  
**CITY OF AUSTIN**  
(Ryan White Part A)

- 1.0 The City of Austin and the Grantee hereby agree to the Agreement revisions listed below.
- 2.0 The total amount for this Amendment to the Agreement is **Twenty One Thousand Six Hundred Sixty One dollars (\$21,661)**. The total Agreement amount is recapped below:

Term	Agreement Change Amount	Total Agreement Amount
Basic Term: (March 1, 2017 – Feb. 28, 2018)	n/a	\$ 130,099
Amendment No. 1: Add funds to Agreement and modify Program Exhibits	\$ 191,943	\$ 322,042
Amendment No. 2: Reduce funds in Agreement and modify Program Exhibits	(\$ 60,000)	\$ 262,042
Amendment No. 3: Exercise Extension Option #1 (March 1, 2018 – Feb. 28, 2019)	\$ 287,398	\$ 549,440
Amendment No. 4: Add funds to Agreement and modify Program Exhibits	\$ 50,277	\$ 599,717
Amendment No. 5: Add funds to Agreement and modify Program Exhibits	\$ 21,661	\$ 621,378

- 3.0 The following changes have been made to the original Agreement EXHIBITS:

**Exhibit A.2 -- Program Performance for HIV Service Category** is deleted in its entirety and replaced with **Exhibit A.2 -- Program Performance for HIV Service Category** [Revised 12/17/2018]

**Exhibit B.1.1 -- Program Budget for HIV Direct Services** deleted in its entirety and replaced with **Exhibit B.1.1 -- Program Budget for HIV Direct Services** [Revised 12/12/2018]

**Exhibit B.1.2 -- Program Budget for HIV Administrative Services** deleted in its entirety and replaced with **Exhibit B.1.2 -- Program Budget for HIV Administrative Services** [Revised 12/12/2018]

**Exhibit B.1.3 – Program Budget for HIV Combined Services and Narrative** deleted in its entirety and replaced with **Exhibit B.1.3 – Program Budget for HIV Combined Services and Narrative** [Revised 12/12/2018]

**Exhibit G – Federal Award Identification** is deleted in its entirety and replaced with **Exhibit G – Federal Award Identification** [Revised 12/20/2018]

**4.0 The following Terms and Conditions have been MODIFIED:**

**4.1.2.1** For the Program Period of 3/1/2018 through 2/28/2019, the payment from the City to the Grantee shall not exceed \$359,336 (*Three Hundred Fifty Nine Thousand Three Hundred Thirty Six dollars*).

**5.0** MBE/WBE goals were not established for this Agreement.

**6.0** Based on the criteria in the City of Austin Living Wage Resolution #020509-91, the Living Wage requirement does not apply to this Agreement.

**7.0** By signing this Amendment, the Grantee certifies that the Grantee and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the Exclusion records found at SAM.gov, the State of Texas, or the City of Austin.

**8.0** All other Agreement terms and conditions remain the same.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced Agreement.

**GRANTEE**

Signature: \_\_\_\_\_

THE WRIGHT HOUSE WELLNESS  
CENTER, INC.  
Lauren Potter, Executive Director  
8101 Cameron Rd., Suite 105  
Austin, TX 78754

Date: \_\_\_\_\_

1/15/19

**CITY OF AUSTIN**

Signature: \_\_\_\_\_

City of Austin  
Purchasing Office  
PO Box 1088  
Austin, TX 78767

Date: \_\_\_\_\_

02/01/19

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outputs****HIV Service Category CS-Medical Case Management**

<b>Output Measure Description</b>		<b>Period Goal</b>		
		<b>Initial/Previous</b>	<b>Adjusted</b>	<b>Target</b>
<b>How Data Is Compiled</b>				
OP1	WHWC will provide 1356 units of Medical Case Management services for eligible clients. 1 unit = 15 minutes of service All clients will be assessed for service eligibility. - All clients will have a service plan. - Case managers will document client service plan progress in case notes. - Medical case managers will keep a confidential file on all clients. - All clients will be entered into ARIES not more than 5 days after initial intake.	1190	166	1356
OP2	13 unduplicated clients will be served: 10 continuing clients and 3 new clients. Case managers will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The Executive Director will input this data into ARIES by the 10th of the month. The Executive Director will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.	11	2	13

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outcomes****HIV Service Category CS-Medical Case Management**

<b>Outcome Measure Description</b>		<b>Period Goal</b>		
<b>What Data Is Collected</b>				
<b>How Data Is Compiled</b>				
<b>When Data Is Evaluated</b>		<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>
OC1	Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year Outcome target: 80%  Numerator: Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year  Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year  Client Exclusions: 1. Medical case management clients who initiated medical case management services in the last six months of the measurement year 2. Medical case management clients who were discharged from medical case management services prior to six months of service in the measurement year  Case managers are responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include: • ARIES reports • Medical Care Plan and plan updates documented in client file  Care plan goals will be evaluated and updated according to assessed acuity level. Case managers will analyze all MCM client care plans for development and updates indicated by acuity level. - Case managers will report data to ED, who will verify data - ARIES, excel spreadsheets, word documents, client files Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).	11	13	84.62
OC2	Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits. Outcome target: 85%  Numerator: Number of medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period  Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV	12	13	92.31

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***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2018

***Period Performance End*** 2/28/2019

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with at least one medical visit in the first 6 months of the 12-month measurement period

**Client Exclusions:** Clients who died at any time during the 12-month measurement period

Case managers are responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates

Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by MCM and ED.

- Case managers will report data to ED, who will verify data
- ARIES reports, excel spreadsheets, client file

Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outputs****HIV Service Category SS-Case Management Non-medical****Period Goal****Output Measure Description****Initial/Previous Adjusted Target****How Data Is Compiled**

OP1 MAI NMCM: 5,046 units of Part A Non-Medical MAI Case Management services will be provided to eligible clients. 1 unit of service = 15 minutes of service.

1930

3116

5046

All clients will be assessed for service eligibility

- All clients will have a service plan.

- Case managers will document client service plan progress in case notes.

- Case managers will keep a confidential file on all clients.

- All clients will be entered into ARIES not more than 5 days after initial intake.

OP2 MAI NMCM: 63 unduplicated clients will be served: 47 continuing and 10 new clients.

24

39

63

Case Managers will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The ED will input this data into ARIES by the 10th of the month and will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outcomes****HIV Service Category SS-Case Management Non-medical****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated**

	<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>
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OC1 Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year  
Outcome target: 80%

51	63	80.95
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Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year.

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year

**Client Exclusions:**

1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year
2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports
- NMCM care plan updated in client file

Care plan goals will be evaluated and updated according to assessed acuity level.

- Case managers will analyze all NMCM client care plans for development and updates indicated by acuity level.

- Case managers will report data to ED, who will verify data

- ARIES, excel spreadsheets, word documents, client files

Data will be collected by case managers when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

OC2 Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits

54	63	85.71
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Outcome target: 85%

Numerator: Number of non-medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of

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## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2018

***Period Performance End*** 2/28/2019

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HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Case managers are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates

Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.

- Case managers will report data to ED, who will verify data
- ARIES reports, excel spreadsheets, client file

Data will be collected by case managers when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outputs****HIV Service Category SS-Case Management Non-medical**

<b>Output Measure Description</b>		<b>Period Goal</b>		
		<b>Initial/Previous</b>	<b>Adjusted</b>	<b>Target</b>
<b>How Data Is Compiled</b>				
OP1	Part A NMCM: 2,893 units of Part A Non-Medical Case Management will be provided for eligible clients. 1 unit = 15 minutes of service. All clients will be assessed for service eligibility - All clients will have a service plan. - Case managers will document client service plan progress in case notes. - Case managers will keep a confidential file on all clients. - All clients will be entered into ARIES not more than 5 days after initial intake.	2230	663	2893
OP2	20 unduplicated clients will be served: 15 continuing and 5 new clients. Case managers will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The ED will input this data into ARIES by the 10th of the month and will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.	15	5	20

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outcomes****HIV Service Category SS-Case Management Non-medical**

<b>Outcome Measure Description</b>		<b>Period Goal</b>		
<b>What Data Is Collected</b>				
<b>How Data Is Compiled</b>				
<b>When Data Is Evaluated</b>		<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>
OC1	Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year Outcome target: 80%  Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year.  Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year  Client Exclusions: 1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year 2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year  NMCMS are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:  • ARIES reports • NMCM care plan updated in client file Care plan goals will be evaluated and updated according to assessed acuity level. • Case managers will analyze all NMCM client care plans for development and updates indicated by acuity level. • Case managers will report data to ED, who will verify data • ARIES, excel spreadsheets, word documents, client files Data will be collected by case managers when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.	17	20	85.00
OC2	Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits Outcome target: 85%  Numerator: Number of non-medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period  Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of	18	20	90.00

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## ***Program Performance for HIV Service Category***

***Period Performance Start 3/1/2018***

***Period Performance End 2/28/2019***

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HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Case managers are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates
- Case managers will report data to ED, who will verify data
- ARIES reports, excel spreadsheets, client file

Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.

Data will be collected by case managers when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Budget for HIV - Direct Services**

Program Start Date 3/1/2018

Program End Date 2/28/2019

<i>Service Category</i>	<i>Personnel</i>	<i>Fringe</i>	<i>Travel</i>	<i>Equipment</i>	<i>Supplies</i>	<i>Contractuals</i>	<i>Other</i>	<i>Subtotal</i>
CS-Medical Case Management	44,957.00	8,991.00	0.00	0.00	1,249.00	0.00	19,332.00	<b>74,529.00</b>
SS-Case Management Non-medical	81,174.00	16,235.00	4,995.00	0.00	1,249.00	0.00	13,588.00	<b>117,241.00</b>
SS-Case Management Non-medical	90,855.00	18,171.00	0.00	0.00	1,594.00	0.00	21,059.00	<b>131,679.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>216,986.00</b>	<b>43,397.00</b>	<b>4,995.00</b>	<b>0.00</b>	<b>4,092.00</b>	<b>0.00</b>	<b>53,979.00</b>	<b>323,449.00</b>

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**Program Budget for HIV - Combined Services and Narrative**

Program Start Date 3/1/2018

Program End Date 2/28/2019

<i>Service Category</i>	<i>Personnel</i>	<i>Fringe</i>	<i>Travel</i>	<i>Equipment</i>	<i>Supplies</i>	<i>Contractuals</i>	<i>Other</i>	<i>Subtotal</i>
CS-Medical Case Management	47,455.00	9,491.00	0.00	0.00	1,249.00	2,747.00	21,828.00	82,770.00
SS-Case Management Non-medical	83,672.00	16,735.00	4,995.00	0.00	1,249.00	3,996.00	19,576.00	130,223.00
SS-Case Management Non-medical	94,043.00	18,809.00	0.00	0.00	1,594.00	3,188.00	28,709.00	146,343.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Subtotal</b>	<b>225,170.00</b>	<b>45,035.00</b>	<b>4,995.00</b>	<b>0.00</b>	<b>4,092.00</b>	<b>9,931.00</b>	<b>70,113.00</b>	<b>359,336.00</b>

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## ***Program Budget for HIV - Combined Services and Narrative***

<b><i>Service Category</i></b>	<b><i>Budget Narrative</i></b>
CS-Medical Case Management	Salaries, benefits, mileage, supplies, contractuels, rent, facilities, copier rental, telecommunications, insurance, and IT support costs for this service
SS-Case Management Non-medical	Salaries, benefits, mileage, supplies, contractuels, rent, facilities, copier rental, telecommunications, insurance, and IT support costs for this service
SS-Case Management Non-medical	Salaries, benefits, mileage, supplies, contractuels, rent, facilities, copier rental, telecommunications, insurance, and IT support costs for this service

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**Program Budget for HIV - Administrative Services**

Program Start Date 3/1/2018

Program End Date 2/28/2019

<b>Service Category</b>	<b>Personnel</b>	<b>Fringe</b>	<b>Travel</b>	<b>Equipment</b>	<b>Supplies</b>	<b>Contractuals</b>	<b>Other</b>	<b>Subtotal</b>
CS-Medical Case Management	2,498.00	500.00	0.00	0.00	0.00	2,747.00	2,496.00	8,241.00
SS-Case Management Non-medical	2,498.00	500.00	0.00	0.00	0.00	3,996.00	5,988.00	12,982.00
SS-Case Management Non-medical	3,188.00	638.00	0.00	0.00	0.00	3,188.00	7,650.00	14,664.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Subtotal</b>	<b>8,184.00</b>	<b>1,638.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>9,931.00</b>	<b>16,134.00</b>	<b>35,887.00</b>

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# FEDERAL AWARD IDENTIFICATION

1. Subrecipient Name: Wright House Wellness Center
2. Subrecipient's DUNS Number: 842502320
3. Federal Award Identification Number: 6 H89HA00036-24-04
4. Federal Award Date (date the Federal Award is signed by Federal awarding agency official): 9/21/2018
5. Subaward Period of Performance Start and End Date:  
Start Date 3/1/2018  
End Date 2/28/2019
6. Amount of Federal Funds Obligated to (or Contracted for) by this action by the pass-through entity to the Subrecipient: \$21,661
7. Total Amount of Federal Funds Obligated (or Contracted for) to the Subrecipient by the pass-through entity, including the current obligation: \$621,378
8. Total Amount of Federal Award awarded to the pass-through entity: \$5,102,482
9. Federal Award Project Description (please provide a brief, but concise, description of the purpose and intended outcomes of the subaward):  
This grant program provides core medical and support services for eligible clients living with HIV in the grant service area.
10. Name of Federal Awarding Agency, Pass Through Entity, and contact information for Awarding Official:  
Federal Awarding Agency: U.S. Dept. of Health and Human Services, Health Resources and Services Administration  
Pass Through Entity: Austin Public Health, City of Austin  
Awarding Official Contact Information: Stephanie Hayden, Department Director  
(512) 972-5010, [stephanie.hayden@austintexas.gov](mailto:stephanie.hayden@austintexas.gov)
11. CFDA Number and Name: Ryan White Part A HIV Emergency Relief Grant Program  
CFDA #93.914
12. Is award for Research & Development? No
13. Indirect Cost Rate for the Federal Award: Not Applicable



Amendment No. 4  
to  
Agreement No. NG170000036  
for  
Social Services  
between  
**THE WRIGHT HOUSE WELLNESS CENTER, INC.**  
and the  
**CITY OF AUSTIN**  
(Ryan White Part A)

- 1.0 The City of Austin and the Grantee hereby agree to the Agreement revisions listed below.
- 2.0 The total amount for this Amendment to the Agreement is ***Fifty Thousand Two Hundred Seventy Seven dollars (\$50,277)***. The total Agreement amount is recapped below:

Term	Agreement Change Amount	Total Agreement Amount
Basic Term: (March 1, 2017 – Feb. 28, 2018)	n/a	\$ 130,099
Amendment No. 1: Add funds to Agreement and modify Program Exhibits	\$ 191,943	\$ 322,042
Amendment No. 2: Reduce funds in Agreement and modify Program Exhibits	(\$ 60,000)	\$ 262,042
Amendment No. 3: Exercise Extension Option #1 (March 1, 2018 – Feb. 28, 2019)	\$ 287,398	\$ 549,440
Amendment No. 4: Add funds to Agreement and modify Program Exhibits	\$ 50,277	\$ 599,717

- 3.0 The following changes have been made to the original Agreement EXHIBITS:

**Exhibit A.1.1 -- Program Work Statement for HIV Contract** is deleted in its entirety and replaced with **Exhibit A.1.1 -- Program Work Statement for HIV Contract** [Revised 7/27/2018]

**Exhibit A.1.2 -- Program Work Statement By Service Category** is deleted in its entirety and replaced with **Exhibit A.1.2 -- Program Work Statement By Service Category** [Revised 7/27/2018]

**Exhibit A.2 -- Program Performance for HIV Service Category** is deleted in its entirety and replaced with **Exhibit A.2 -- Program Performance for HIV Service Category** [Revised 8/3/2018]

**Exhibit B.1.1 -- Program Budget for HIV Direct Services** deleted in its entirety and replaced with **Exhibit B.1.1 -- Program Budget for HIV Direct Services** [Revised 8/3/2018]



**Exhibit B.1.2 -- Program Budget for HIV Administrative Services** deleted in its entirety and replaced with **Exhibit B.1.2 -- Program Budget for HIV Administrative Services** [Revised 8/3/2018]

**Exhibit B.1.3 -- Program Budget for HIV Combined Services and Narrative** deleted in its entirety and replaced with **Exhibit B.1.3 -- Program Budget for HIV Combined Services and Narrative** [Revised 8/3/2018]

**Exhibit G -- Federal Award Identification** is deleted in its entirety and replaced with **Exhibit G -- Federal Award Identification** [Revised 8/8/2018]

**4.0 The following Terms and Conditions have been MODIFIED:**

**4.1.2.1** For the Program Period of 3/1/2018 through 2/28/2019, the payment from the City to the Grantee shall not exceed \$337,675 (*Three Hundred Thirty Seven Thousand Six Hundred Seventy Five dollars*).

**5.0** MBE/WBE goals were not established for this Agreement.

**6.0** Based on the criteria in the City of Austin Living Wage Resolution #020509-91, the Living Wage requirement does not apply to this Agreement.

**7.0** By signing this Amendment, the Grantee certifies that the Grantee and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the Exclusion records found at SAM.gov, the State of Texas, or the City of Austin.

**8.0** All other Agreement terms and conditions remain the same.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced Agreement.

**GRANTEE**

Signature: \_\_\_\_\_

THE WRIGHT HOUSE WELLNESS  
CENTER, INC.

Lauren Potter, Executive Director  
8101 Cameron Rd., Suite 105  
Austin, TX 78754

Date: \_\_\_\_\_

8/6/18

**CITY OF AUSTIN**

Signature: \_\_\_\_\_

City of Austin  
Purchasing Office  
PO Box 1088  
Austin, TX 78767

Date: \_\_\_\_\_

08/17/18

## ***Program Work Statement For HIV Contract***

***Period Start Date 3/1/2018***

***Period End Date 2/28/2019***

### ***Client Access***

#### ***Transportation***

WHWC participates in the City of Austin's Ryan White Medical Transportation program that provides transportation vouchers to clients to ensure their ability to access medical and support services. WHWC staff also makes every effort to schedule service at times and locations most conducive to client access. This includes making home visits, accompanying clients to medical provider appointments, and meeting with clients at other locations.

#### ***- Awareness of HIV Status and Need for Services***

According to ATCHHSD estimates, a significant number of individuals who would qualify for WHWC HIV-related services do not know their HIV status. All services are advertised to potential clients through WHWC's online presence (website, Facebook, Twitter, etc.), flyers placed at various locations in the service delivery area, and through other ASOs and other community organizations. HIV+ individuals, particularly those that have never been in care or are out of care, are encouraged to initiate contact with WHWC to get into care by calling, walking in, or emailing any program staff. Formal Memorandums of Understanding are maintained with other ASOs and community organizations to enable an open referral system.

#### ***- HIV Knowledge***

Many clients, particularly the newly diagnosed, are reluctant to access services because they simply don't know what to expect. They may be operating on myths or misinformation about living with HIV. They may never have known anyone living with HIV. It may feel safer for such an individual to lapse into denial and avoid needed services. WHWC staff works with newly diagnosed clients to separate fact from fiction and develop a realistic understanding of the role of HIV and HIV services in their lives. These efforts include providing information and referral, accompanying clients to medical appointments, and helping clients identify supportive peer mentors and role models.

#### ***- Stigma***

Many individuals report that the stigma associated with being HIV-positive (and/or accessing mental health care services) creates a barrier to accessing needed services. The fear of a friend or neighbor or an employer or an insurance carrier finding out sensitive health information can motivate a prospective client to keep his/her distance from service providers. WHWC makes every effort not just to maintain client confidentiality but also to provide a comfortable, non-threatening environment in which the client can seek help on his/her own terms. WHWC's name purposefully does not make references to specific diseases or conditions. WHWC staff and subcontractors are trained not only to maintain confidentiality, but to be sensitive to clients' varying needs and motivations regarding confidentiality. WHWC also works to reduce internalized stigma by providing information about HIV in a neutral, non-judgmental manner, while showing respect and compassion. The client's culture, language, sex, sexual orientation, age, and developmental level are always taken into consideration by WHWC staff. Many programs have a peer-educator component to help put clients at ease and to enable clients to more closely identify with the services being provided. On the other side of the equation, WHWC's community outreach efforts work to increase acceptance of HIV and HIV service utilization among those who have traditionally been less tolerant or understanding.

#### ***- Anti-discrimination strategies***

All persons requesting services will be screened and offered an intake if eligible. No client will be denied services due to a pre-existing medical condition, including non-HIV-related conditions, or due to any other past or present health condition. Veterans will not be deemed ineligible for Ryan White services due to eligibility for Department of Veterans Affairs (VA) Health Care benefits.

### ***Service Linkage, Referral, and Collaboration***

The Wright House Wellness Center's Case Management program is founded on the goal of strengthening individuals and their communities by reducing the spread of HIV and by providing infected individuals with the tools, knowledge, confidence, and motivation to manage their disease effectively and independently. As advances in HIV medical treatment have made positive clinical outcomes more likely, mortality rates due to HIV/AIDS have plummeted and the duration and quality of life for many living with HIV/AIDS has dramatically improved. HIV Case Management exists to help bring these benefits to those individuals who have barriers to achieving these improved outcomes. Because the factor most responsible for these improvements is properly administered medication, all successful HIV case management interventions begin with access to medical care. This view is emphasized at intake as part of the program orientation for new clients and remains part of the ongoing conversation between case manager and client. All service plans contain goals related to medical access and adherence.

WHWC's case management program has cultivated relationships with area HIV medical providers, particularly

***Created: 7/23/2018 8:39:00 AM***

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## ***Program Work Statement For HIV Contract***

***Period Start Date 3/1/2018***

***Period End Date 2/28/2019***

CommunityCare's David Powell Health Clinic, since 2004. WHWC has a close working relationship with the nurses, doctors, social workers, and administrators at DPC. When out-of-care clients present to WHWC, case managers can quickly and effectively link them to care by shepherding them through the scheduling, eligibility, and intake process at DPC. Because WHWC's Case Management model is comprehensive, we have the appropriate staff to assist with every aspect of this process from obtaining medical records and other eligibility documents to orienting clients to the Austin HIV care system to reminder calls and transportation to appointments.

WHWC also has extensive knowledge of and experience with other area HIV providers including the Blackstock Family Clinic, Austin Regional Clinic, Red River Family Practice, and Austin Infectious Disease Consultants. WHWC case managers are familiar with the locations and eligibility criteria of these practices and can help HIV-infected individuals find an appropriate medical provider.

WHWC also participates in the Austin-area Return to Care collaborative, an initiative spearheaded by DPC to help prevent at-risk individuals from falling out of care and to help those who have fallen out of care to return to care. This working group, which includes representatives from all Austin-area ASOs, examines the trends and variables associated with clients being lost to care, and develops strategies at the community, agency, clinic, and individual levels to ensure linkage to medical care for the greatest number of central Texans living with HIV/AIDS possible.

Within the WHWC Case Management program, the Non-medical Case Manager will assist clients in identifying and overcoming psychosocial barriers to medical access and adherence, provide information and referral and moral support, help prepare the client for successful participation in medical care and/or Medical Case Management, and nurture the client's motivation to adhere to medical treatment. The Non-medical Case Manager will work closely with others involved in the client's care and the Medical Case Manager to provide a seamless, comprehensive system of linkage to medical care. WHWC also has a variety of disease management programs that help create a wide safety net in which to catch individuals who may be out of care or in danger of falling out of care. Agencies that serve as "Points of Entry" entities, the general community, health care providers, AIDS service organizations, and governmental entities facilitate additional referrals and linkages to and from WHWC.

Specifically, if a client has difficulty maintaining services in primary medical care, a referral is made to the most appropriate medical case management services for provision of intensive connection with a primary care provider. Most likely, it will be an "in-house" referral. The Wright House Wellness Center provides the following services:

- Case Management, including access to transportation and financial assistance programs Medical Case Management
- Support Group
- Complementary/Holistic Health Therapies.

The ability to offer a diverse set of services leads to a delivery system that decreases the potential of "losing" clients when they must be referred out for the most basic of services. The above detailed components are all crucial in WHWC's efforts to link clients to primary medical care and maintain retention in care.

WHWC has worked hard to maintain positive working relationships with other AIDS Service Organizations (ASOs) and other Community Based Organizations (CBOs) to ensure clients receive the most appropriate services for their individual needs within a seamless referral system. Existing community resources that WHWC works closely with to ensure linkage to HIV medical care and other social services include:

- CommunityCare - David Powell Health Clinic (DPC) and Blackstock Family Clinic provide HIV+ individuals with specialized HIV medical health care, counseling and referrals. WHWC collaborates with both clinics to ensure successful client linkage and maintenance in HIV medical care services.
- AIDS Services of Austin (ASA) and Austin/Travis County Integral Care - Community AIDS Resources and Education Program (CARE) provide HIV testing services, case management, and basic needs support to clients, including eligible referrals from WHWC and provide information for outreach distribution. Each partner agency also provides information for follow-up determinations.
- Austin/Travis County Health and Human Services Department (Austin Public Health) provides at-risk individuals with HIV/STD testing and appropriate referrals. WHWC provides information about services and referrals as appropriate.
- Project Transitions provides affordable housing and hospice/respite services to individuals living with HIV/AIDS. WHWC refers clients for assistance, and both agencies provide information for follow-up determinations.
- Care Communities provides personal assistance services to those living with HIV/AIDS and cancer. WHWC and Care Communities have a strong referral relationship.
- Waterloo Counseling Center offers mental health counseling and therapeutic support groups to gay, lesbian, bisexual, and transgender persons. WHWC and Waterloo Counseling have a strong referral relationship and have co-hosted an HIV support group for Spanish-speaking clients.

All referrals are documented and completed in ARIES. The first step to making a referral is determining the client's needs and then the most suitable agency for the referral. WHWC maintains documentation of all referrals using a Referral Form that

***Created:*** 7/23/2018 8:39:00 AM ***Last Modified:*** 7/27/2018 2:56:00 PM



## **Program Work Statement For HIV Contract**

**Period Start Date** 3/1/2018

**Period End Date** 2/28/2019

gives the client all the pertinent referral information and allows WHWC to retain a second copy for follow-ups and file documentation. Each case manager is responsible for following up on referrals provided to their respective clients and noting outcome in ARIES.

The goal of these referral relationships and collaborations is to increase the chances of maintaining primary medical care and self-sufficiency for clients, by providing greater support around each client; reducing duplication of services and administrative costs; and providing opportunities for networking, problem-solving and community planning.

### **Client Input and Involvement**

Clients work with staff to create a personalized service plan, review progress towards that plan and make revisions as necessary. Client signatures are required on all service plans to ensure client participation and denote client agreement with service plan. In instances where follow up and revision of service plans is completed via telephone, Case Managers may sign for the client with the client's consent.

A bi-annual follow-up form is completed with each client as well. This form updates contact, financial, and health information, service utilization and documents successes, challenges and concerns or complaints clients may have. Any outstanding information gained from follow-up forms or directly from a client is reported to the Executive Director who will decide upon a course of action, if appropriate.

Clients are also involved in monitoring the quality of the organization through their annual participation in a client satisfaction survey and in meetings with the Executive Director who maintains an open door policy and often meets personally with clients per request.

The agency reception area has a "suggestion box." The Executive Director is in charge of checking the box, presenting suggestions during the weekly Case Management Meeting and/or All Staff Meeting and responding to any items requiring a formal response.

WHWC has created a Client Advisory Committee (CAC) to assist the Executive Director and the agency in program planning and evaluation, as well as represent the client community as a whole to the agency.

Program reports are provided regularly to the Executive Director and to the Board of Directors. Clients are routinely encouraged to participate in stakeholder forums and events, community surveys, and focus groups related to HIV service delivery.

The WHWC Board of Directors encourages clients to attend Board meetings and apply for Board membership. At present, one-third of the board are HIV-positive and/or clients of WHWC.

### **Cultural Competency**

**Policy and Procedure for Clients with Limited English Proficiency:**

All client services must be provided in a manner that is linguistically appropriate to the client. It is agency policy to ensure access to service for clients who are not proficient in English. In order to do this, the agency hires bilingual staff, arranges for volunteer interpreters, and uses outside interpreter services as needed. Here are the procedures for clients with limited English proficiency:

1. Spanish-speaking clients will be assigned a bilingual case manager who speaks the Spanish language. Family members or minor children will not be used as interpreters, unless requested by the client. When a bilingual case manager is not available, the client will be notified of his/her right to free interpreter services. A telephone interpreter service will be used when appropriate. All case managers will have information available on how to access interpreter services through INTERPRET ALK® Interpreting by Telephone (IBT) through Language Services Associates.

For those clients whose native language is other than English or Spanish, case managers will use the United States Census 2004 Language Identification Flashcard to determine what language a client is speaking. Family members or minor children will not be used as interpreters, unless requested by the client. The client will be notified of his/her right to free interpreter services.

2. For clients needing the services of a sign language interpreter, CSD of Texas will be utilized. CSD- Austin can be reached by contacting 512-428-1800.

3. Case Managers must get supervisor approval before scheduling new intakes with an interpreter present to ensure client comfort and approve fee for interpreter service. Service activities will be delivered so that cultural and language differences do not constitute a barrier to services in full compliance with the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

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## ***Program Work Statement By Service Category***

*Period Start Date 3/1/2018*

*Period End Date 2/28/2019*

***HIV Service Category SS-Case Management Non-medical***

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### ***Client Eligibility***

#### **MAI Eligibility**

Minority Population Status - All clients must be African American and/or Latino/a. Client assertion or self-identification will be accepted as proof of clients' status as members of minority populations served through MAI.

Clients will be reassessed to determine continued eligibility every 6 months from the time eligibility was established or updated.

HIV Status - All clients must be HIV- positive. A computer-generated HIV+ lab test with the client's name preprinted or Healthcare Professional documentation who is providing HIV medical care to the client.

Residency - Individuals residing in Travis, Williamson, Bastrop, Hays, or Caldwell counties are eligible for this service.

Lease/Rental agreement in the name of the client or listing the client as an occupant; Property tax document's in the client's name; Utility/phone/cable bill in the client's name; Credit card bill in the client's name; Letter on company letterhead signed by the director of a recognized group home, care home, transitional living facility stating that the client is a resident; Any type of current business/or governmental correspondence with the client's name and address preprinted, or Pay stub with the client's name and address preprinted.

For those clients who are undocumented and/or homeless, the following forms of documentation are acceptable:

"Residency Verification Form," or Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

Income Level - All clients must present proof of income. Payroll stub/copy of payroll check/bank statement showing direct payroll deposit; Letter from employer on company letterhead indicating weekly or monthly wages; Unemployment benefits letter/copy of check or bank statement showing direct deposit; IRS 1040 from/W2 form/I 099 form; Social Security award letter; VA benefits letter; private disability/pension letter on company letterhead; Medicaid letter; Child or spousal support order with judge's signature and date; Food Stamp and/or Temporary Assistance for Needy Families (TANF) award letter; Temporary "Affidavit of Self Disclosed Income Form"; or Documentation of any other income.

For those clients claiming no income, the following forms of documentation are acceptable:

"Affidavit of Self Disclosed Income Form," Proof of application of Social Security; Client living off savings; bank/investment account statements form 3 consecutive months showing withdrawals for living expenses; Client being supported by someone else - statement signed and dated by the supporter, which includes the amount and type of support and the supporter's phone number for verification.

- Homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

Insurance status - All Clients must provide documentation of insurance status. Acceptable documentation includes:

- Verification of employment;

- Medicaid/Medicare or third party rejection letter covering the dates of service;

- Signed note in patient record showing date and tie of call to Medicaid/Medicare or third party (done monthly or at every visit, whichever is less frequent).

Undocumented and/or homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

### ***Target Populations***

This service is provided for African-American and Hispanic individuals living with HIV/AIDS who meet the eligibility requirements listed under Client Eligibility, and who have identified psychosocial needs related to HIV non-medical case management functions: Clients who do NOT require coordination or follow-up of medical care and treatments; referral, coordination and follow-up of certain ancillary services (e.g. housing, food, transportation) to help stabilize the client toward benefiting more effectively from medical intervention; clients who need assistance in applying for and ongoing assistance maintaining public/private benefit programs; other financial assistance needs.

Services will be offered to HIV-positive individuals not enrolled in any other HIV Case Management program. ASHWell's target population will include: men, women and transgender persons; individuals with current or previous substance abuse, including injection drug users; individuals with current or previous mental illness; and recently incarcerated individuals. 100% of the clients will be African American and Latino/a who are HIV-positive and living within the Austin TGA.

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**Created:** 7/23/2018 8:52:00 AM **Last Modified:** 7/27/2018 3:00:00 PM

## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** SS-Case Management Non-medical

### ***Service Category Activities***

#### ***Service activities linked to Budget Justification***

The following activities will be performed at a frequency based on client acuity as provided by the applicable Standards of Care:

- Intake and Eligibility determination process,
- Comprehensive Assessment,
- Acuity Assessment,
- Development of a comprehensive, individualized care plan,
- Coordination of services required to implement the plan,
- Client monitoring to assess the efficacy of the plan, and
- Periodic re-evaluation and adaptation of the plan as necessary over the client's enrollment in case management services.

#### ***Frequency of these service activities***

Frequency of these service activities is in accordance with Standards of Care.

#### ***Location(s) of these service activities***

Non-Medical Case Managers will conduct these activities in a variety of settings depending on client need. These settings primarily include, but are not limited to: ASHWell offices, the client's home, the offices of the client's medical providers, hospitals, and substance abuse treatment facilities.

#### ***Staffing***

Title/ Qualifications/ Duties by position:

##### ***Medical Case Manager***

- Master's degree in social work; license preferred.
- 1-3 years' experience in human/social services (3+ years may substitute for degree).
- Interviewing and assessment skills (strong ability to listen without judgment).
- Cultural awareness & sensitivity.
- Knowledge of/ability to research available community resources.
- PC (Windows, Word, Excel, Access) and Internet proficient.
- Excellent written and verbal communication skills.
- Manage a caseload of clients who are determined eligible for case management services, i.e. clients who are HIV+, residing in the Austin TGA, in need of or pursuing primary medical care, and experiencing complex medical/adherence issues.

##### ***Executive Director***

- Expertise and knowledge of HIV/AIDS and HCV.
- 10-15 years non-profit experience with specific knowledge of health care policies, industry trends, nonprofit business development and 501 C (3) policies and procedures.
- Exceptional competency in managing financial and operational resources to align with mission and business outcomes; Strong ability to oversee human resources and to administer the program; Strong understanding of trends in the HIV/AIDS and HCV communities. Excellent communication, writing, and social skills applicable to multiethnic consumers.
- Responsible for the development, management and implementation of all initiatives necessary to deliver WHWC programs and services, provide appropriate funding to deliver the services and promote the mission of WHWC throughout the service area.
- Manage, develop and provide leadership to all employees, Board of Directors members, and volunteers. Foster a culture of philanthropy within WHWC. Assure that the organization's culture, systems and procedures support the goals and objectives of the agency. Lead staff and volunteers to institutionalize philanthropy within the organization.

##### ***Non- Medical Case Manager***

- Bachelor's degree and 1-3 years of experience working directly with clients, patients, or consumers (3+ years may substitute for degree). Strong ability to listen without judgment and assess needs. Must enjoy helping people to achieve their goals; Cultural awareness & sensitivity.

***Created:*** 7/23/2018 8:52:00 AM ***Last Modified:*** 7/27/2018 3:00:00 PM



## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** SS-Case Management Non-medical

- Knowledge of or ability to research available community resources.
- PC (Windows, Microsoft) and internet proficient.
- Excellent written and verbal communication skills.
- Provide case management services to a caseload of clients who are living with HIV/AIDS.
- Work within a team-oriented environment to help clients access and adhere to HIV medical care, improve HIV medical outcomes, and increase self-sufficiency.

Bilingual Case Manager (Fluent in Spanish)

- Bachelor's degree and 1-3 years of experience working directly with clients, patients, or consumers (3+ years may substitute for degree).

Strong ability to listen without judgment and assess needs. Must enjoy helping people achieve goals, Cultural awareness & sensitivity; Knowledge of or ability to research available community resources. PC (Windows, Microsoft) and Internet proficient.

- Provide case management services to a caseload of clients who are living with HIV/AIDS.
- This position will work within a team-oriented environment to help clients access and adhere to HIV medical care, improve HIV medical outcomes, and increase self-sufficiency.

### ***Quality Management***

ASHWell will follow its most recent approved Quality Management Plan in providing and assessing all services. Please refer to ASHWell's Quality Management Plan, March 1, 2018-February 28, 2019. When the new Quality Plan is approved for FY 2018, ASHWell will comply with it.

### ***HRSA/HAB Ryan White Part A Program Monitoring Standards***

ASHWell will comply with all applicable HRSA Program Monitoring Standards and other requirements for this service category and grant program.

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***Created:*** 7/23/2018 8:52:00 AM ***Last Modified:*** 7/27/2018 3:00:00 PM

## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** SS-Case Management Non-medical

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### ***Client Eligibility***

Clients will be reassessed to determine continued eligibility every 6 months from the time eligibility was established or updated.

**HIV Status** – All clients must be HIV- positive. A computer-generated HIV+ lab test with the client's name preprinted or Healthcare Professional documentation who is providing HIV medical care to the client.

**Residency** – Individuals residing in Travis, Williamson, Bastrop, Hays, or Caldwell counties are eligible for this service.

**Lease/Rental agreement** in the name of the client or listing the client as an occupant; **Property tax document's** in the client's name; **Utility/phone/cable bill** in the client's name; **Credit card bill** in the client's name; **Letter on company letterhead** signed by the director of a recognized group home, care home, transitional living facility stating that the client is a resident; **Any type of current business/or governmental correspondence** with the client's name and address preprinted; or **Pay stub** with the client's name and address preprinted.

For those clients who are undocumented and/or homeless, the following forms of documentation are acceptable:

"Residency Verification Form;" or Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Income Level** – All clients must present proof of income. Payroll stub/copy of payroll check/bank statement showing direct payroll deposit; Letter from employer on company letterhead indicating weekly or monthly wages; Unemployment benefits letter/copy of check or bank statement showing direct deposit; IRS 1040 from/W2 form/I 099 form; Social Security award letter; VA benefits letter; private disability/pension letter on company letterhead; Medicaid letter; Child or spousal support order with judge's signature and date; Food Stamp and/or Temporary Assistance for Needy Families (TANF) award letter; Temporary "Affidavit of Self Disclosed Income Form"; or Documentation of any other income.

For those clients claiming no income, the following forms of documentation are acceptable:

"Affidavit of Self Disclosed Income Form;" Proof of application of Social Security; Client living off savings: bank/investment account statements form 3 consecutive months showing withdrawals for living expenses; Client being supported by someone else - statement signed and dated by the supporter, which includes the amount and type of support and the supporter's phone number for verification.

- Homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Insurance status** – All Clients must provide documentation of insurance status. Acceptable documentation includes:

- Verification of employment;

- Medicaid/Medicare or third party rejection letter covering the dates of service;

- Signed note in patient record showing date and tie of call to Medicaid/Medicare or third party (done monthly or at every visit, whichever is less frequent).

Undocumented and/or homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

### ***Target Populations***

This service is open to individuals living with HIV/AIDS who meet the eligibility requirements listed under Client Eligibility, and who have identified psychosocial needs related to HIV non-medical case management functions: Clients who do NOT require coordination or follow-up of medical care and treatments; referral, coordination and follow-up of certain ancillary services (e.g. housing, food, transportation) to help stabilize the client toward benefiting more effectively from medical intervention; clients who need assistance in applying for and ongoing assistance maintaining public/private benefit programs; other financial assistance needs.

Services will be offered to HIV-positive individuals not enrolled in any other HIV Case Management program. ASHWell's target population will include: men, women and transgender persons; White, African American, Latino/a, and others; individuals with current or previous substance abuse, including injection drug users; individuals with current or previous mental illness; and recently incarcerated individuals. 100% of the clients will be HIV-positive living within the Austin TGA.

### ***Service Category Activities***

#### ***Service activities linked to Budget Justification***

The following activities will be performed at a frequency based on client acuity as provided by the applicable Standards of

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7/27/2018 2:54:00 PM



## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** SS-Case Management Non-medical

### ***Care:***

- Intake and Eligibility determination process,
- Comprehensive Assessment,
- Acuity Assessment,
- Development of a comprehensive, individualized care plan,
- Coordination of services required to implement the plan,
- Client monitoring to assess the efficacy of the plan, and
- Periodic re-evaluation and adaptation of the plan as necessary over the client's enrollment in case management services.

### ***Frequency of these service activities***

Frequency of these service activities is in accordance with Standards of Care.

### ***Location(s) of these service activities***

Non-Medical Case Managers will conduct these activities in a variety of settings depending on client need. These settings primarily include, but are not limited to: ASHWell offices, the client's home, the offices of the client's medical providers, hospitals, and substance abuse treatment facilities.

### ***Staffing***

***Title/ Qualifications/ Duties by position:***

#### ***Medical Case Manager***

- Master's degree in social work; license preferred.
- 1-3 years' experience in human/social services (3+ years may substitute for degree).
- Interviewing and assessment skills (strong ability to listen without judgment).
- Cultural awareness & sensitivity.
- Knowledge of/ability to research available community resources.
- PC (Windows, Word, Excel, Access) and internet proficient.
- Excellent written and verbal communication skills.
- Manage a caseload of clients who are determined eligible for case management services, i.e. clients who are HIV+, residing in the Austin TGA, in need of or pursuing primary medical care, and experiencing complex medical/adherence issues.

#### ***Executive Director***

- Expertise and knowledge of HIV/AIDS and HCV.
- 10-15 years non-profit experience with specific knowledge of health care policies, industry trends, nonprofit business development and 501 C (3) policies and procedures.
- Exceptional competency in managing financial and operational resources to align with mission and business outcomes; Strong ability to oversee human resources and to administer the program; Strong understanding of trends in the HIV/AIDS and HCV communities. Excellent communication, writing, and social skills applicable to multiethnic consumers.
- Responsible for the development, management and implementation of all initiatives necessary to deliver WHWC programs and services, provide appropriate funding to deliver the services and promote the mission of WHWC throughout the service area.
- Manage, develop and provide leadership to all employees, Board of Directors members, and volunteers. Foster a culture of philanthropy within WHWC. Assure that the organization's culture, systems and procedures support the goals and objectives of the agency. Lead staff and volunteers to institutionalize philanthropy within the organization.

#### ***Non- Medical Case Manager***

- Bachelor's degree and 1-3 years of experience working directly with clients, patients, or consumers (3+ years may substitute for degree). Strong ability to listen without judgment and assess needs. Must enjoy helping people to achieve their goals; Cultural awareness & sensitivity.
- Knowledge of or ability to research available community resources.
- PC (Windows, Microsoft) and internet proficient.
- Excellent written and verbal communication skills.
- Provide case management services to a caseload of clients who are living with HIV/AIDS.
- Work within a team-oriented environment to help clients access and adhere to HIV medical care, improve HIV medical outcomes, and increase self-sufficiency.

***Created:*** 7/23/2018 8:52:00 AM ***Last Modified:*** 7/27/2018 2:54:00 PM



## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** SS-Case Management Non-medical

Bilingual Case Manager (Fluent in Spanish)

- Bachelor's degree and 1-3 years of experience working directly with clients, patients, or consumers (3+ years may substitute for degree).

Strong ability to listen without judgment and assess needs. Must enjoy helping people achieve goals; Cultural awareness & sensitivity; Knowledge of or ability to research available community resources. PC (Windows, Microsoft) and Internet proficient.

- Provide case management services to a caseload of clients who are living with HIV/AIDS.

- This position will work within a team-oriented environment to help clients access and adhere to HIV medical care, improve HIV medical outcomes, and increase self-sufficiency.

### ***Quality Management***

ASHWell will follow its most recent approved Quality Management Plan in providing and assessing all services. Please refer to ASHWell's Quality Management Plan, March 1, 2018-February 28, 2019. When the new Quality Plan is approved for FY 2018, ASHWell will comply with it.

### ***HRSA/HAB Ryan White Part A Program Monitoring Standards***

ASHWell will comply with all applicable HRSA Program Monitoring Standards and other requirements for this service category and grant program.

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***Created:*** 7/23/2018 8:52:00 AM ***Last Modified:*** 7/27/2018 2:54:00 PM

## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** CS-Medical Case Management

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### ***Client Eligibility***

Clients will be reassessed to determine continued eligibility every 6 months from the time eligibility was established or updated.

**HIV Status** – All clients must be HIV- positive. A computer-generated HIV+ lab test with the client's name preprinted or Healthcare Professional documentation who is providing HIV medical care to the client.

**Residency** – Individuals residing in Travis, Williamson, Bastrop, Hays, or Caldwell counties are eligible for this service.

**Lease/Rental agreement** in the name of the client or listing the client as an occupant; Property tax document's in the client's name; Utility/phone/cable bill in the client's name; Credit card bill in the client's name; Letter on company letterhead signed by the director of a recognized group home, care home, transitional living facility stating that the client is a resident; Any type of current business/or governmental correspondence with the client's name and address preprinted; or Pay stub with the client's name and address preprinted.

For those clients who are undocumented and/or homeless, the following forms of documentation are acceptable:

"Residency Verification Form;" or Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Income Level** – All clients must present proof of income. Payroll stub/copy of payroll check/bank statement showing direct payroll deposit; Letter from employer on company letterhead indicating weekly or monthly wages; Unemployment benefits letter/copy of check or bank statement showing direct deposit; IRS 1040 from/W2 form/I 099 form; Social Security award letter; VA benefits letter; private disability/pension letter on company letterhead; Medicaid letter; Child or spousal support order with judge's signature and date; Food Stamp and/or Temporary Assistance for Needy Families (TANF) award letter; Temporary "Affidavit of Self Disclosed Income Form"; or Documentation of any other income.

For those clients claiming no income, the following forms of documentation are acceptable:

"Affidavit of Self Disclosed Income Form;" Proof of application of Social Security; Client living off savings: bank/investment account statements form 3 consecutive months showing withdrawals for living expenses; Client being supported by someone else - statement signed and dated by the supporter, which includes the amount and type of support and the supporter's phone number for verification.

- Homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Insurance status** – All Clients must provide documentation of insurance status. Acceptable documentation includes:

- Verification of employment;

- Medicaid/Medicare or third party rejection letter covering the dates of service;

- Signed note in patient record showing date and tie of call to Medicaid/Medicare or third party (done monthly or at every visit, whichever is less frequent).

Undocumented and/or homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

### ***Target Populations***

This service is open to individuals living with HIV/AIDS who meet the eligibility requirements listed under Client Eligibility, and who have identified psychosocial needs related to HIV non-medical case management functions: Clients who do NOT require coordination or follow-up of medical care and treatments; referral, coordination and follow-up of certain ancillary services (e.g. housing, food, transportation) to help stabilize the client toward benefiting more effectively from medical intervention; clients who need assistance in applying for and ongoing assistance maintaining public/private benefit programs; other financial assistance needs.

Services will be offered to HIV-positive individuals not enrolled in any other HIV Case Management program. ASHWell's target population will include: men, women and transgender persons; White, African American, Latino/a, and others; individuals with current or previous substance abuse, including injection drug users; individuals with current or previous mental illness; and recently incarcerated individuals. 100% of the clients will be HIV-positive living within the Austin TGA.

### ***Service Category Activities***

#### ***Service activities linked to Budget Justification***

The following activities will be performed at a frequency based on client acuity as provided by the applicable Standards of

***Created:*** 7/23/2018 9:03:00 AM

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7/27/2018 2:57:00 PM



## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** CS-Medical Case Management

### **Care:**

- Intake and Eligibility determination process,
- Comprehensive Assessment,
- Acuity Assessment,
- Development of a comprehensive, individualized care plan,
- Coordination of services required to implement the plan,
- Client monitoring to assess the efficacy of the plan, and
- Periodic re-evaluation and adaptation of the plan as necessary over the client's enrollment in case management services.

### ***Frequency of these service activities***

Frequency of these service activities is provided in accordance with applicable Standards of Care.

### ***Location(s) of these service activities***

Medical Case Managers will conduct these activities in a variety of settings depending on client need. These settings primarily include, but are not limited to: ASHWell offices, the client's home, the offices of the client's medical providers, hospitals, and substance abuse treatment facilities.

### ***Staffing***

Title/ Qualifications/ Duties by position:

#### **Medical Case Manager**

- Master's degree in social work; license preferred.
- 1-3 years' experience in human/social services (3+ years may substitute for degree).
- Interviewing and assessment skills (strong ability to listen without judgment).
- Cultural awareness & sensitivity.
- Knowledge of/ability to research available community resources.
- PC (Windows, Word, Excel, Access) and Internet proficient.
- Excellent written and verbal communication skills.
- Manage a caseload of clients who are determined eligible for case management services, i.e. clients who are HIV+, residing in the Austin TGA, in need of or pursuing primary medical care, and experiencing complex medical/adherence issues.

#### **Executive Director**

- Expertise and knowledge of HIV/AIDS and HCV.
- 10-15 years non-profit experience with specific knowledge of health care policies, industry trends, nonprofit business development and 501 C (3) policies and procedures.
- Exceptional competency in managing financial and operational resources to align with mission and business outcomes; Strong ability to oversee human resources and to administer the program; Strong understanding of trends in the HIV/AIDS and HCV communities. Excellent communication, writing, and social skills applicable to multiethnic consumers.
- Responsible for the development, management and implementation of all initiatives necessary to deliver ASHWell programs and services, provide appropriate funding to deliver the services and promote the mission of ASHWell throughout the service area.
- Manage, develop and provide leadership to all employees, Board of Directors members, and volunteers. Foster a culture of philanthropy within ASHWell. Assure that the organization's culture, systems and procedures support the goals and objectives of the agency. Lead staff and volunteers to institutionalize philanthropy within the organization.

### ***Quality Management***

ASHWell will follow its most recent approved Quality Management Plan in providing and assessing all services. Please refer to ASHWell's Quality Management Plan, March 1, 2018-February 28, 2019. When the new Quality Plan is approved for FY 2018, ASHWell will comply with it.

### ***HRSA/HAB Ryan White Part A Program Monitoring Standards***

ASHWell will comply with all applicable HRSA Program Monitoring Standards and other requirements for this service category and grant program.

***Created:*** 7/23/2018 9:03:00 AM ***Last Modified:*** 7/27/2018 2:57:00 PM



**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outputs****HIV Service Category CS-Medical Case Management****Period Goal****Output Measure Description****Initial/Previous Adjusted Target****How Data Is Compiled**

OP1	WHWC will provide 1308 units of Medical Case Management services for eligible clients. 1 unit = 15 minutes of service	1190	118	1308
	All clients will be assessed for service eligibility. - All clients will have a service plan. - Case managers will document client service plan progress in case notes. - Medical case managers will keep a confidential file on all clients. - All clients will be entered into ARIES not more than 5 days after initial intake.			
OP2	12 unduplicated clients will be served: 9 continuing clients and 3 new clients.	11	1	12
	Case managers will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The Executive Director will input this data into ARIES by the 10th of the month. The Executive Director will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.			

Created: 7/23/2018 9:25:00 AM

Last Modified:

8/3/2018 7:54:00 AM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outcomes****HIV Service Category CS-Medical Case Management****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated**

Numerator	Denominator	Target Percent
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OC1 Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year  
Outcome target: 80%

Numerator: Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year

Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year

**Client Exclusions:**

1. Medical case management clients who initiated medical case management services in the last six months of the measurement year
2. Medical case management clients who were discharged from medical case management services prior to six months of service in the measurement year

Case managers are responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include:

- ARIES reports
- Medical Care Plan and plan updates documented in client file

Care plan goals will be evaluated and updated according to assessed acuity level.

Case managers will analyze all MCM client care plans for development and updates indicated by acuity level.

- Case managers will report data to ED, who will verify data
- ARIES, excel spreadsheets, word documents, client files

Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).

OC2 Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits.  
Outcome target: 85%

Numerator: Number of medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV

Created: 7/23/2018 9:25:00 AM

Last Modified:

8/3/2018 7:54:00 AM

## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2018

***Period Performance End*** 2/28/2019

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with at least one medical visit in the first 6 months of the 12-month measurement period

**Client Exclusions:** Clients who died at any time during the 12-month measurement period

Case managers are responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates

Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by MCM and ED.

- Case managers will report data to ED, who will verify data
- ARIES reports, excel spreadsheets, client file

Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outputs****HIV Service Category SS-Case Management Non-medical****Period Goal****Output Measure Description****Initial/Previous Adjusted Target****How Data Is Compiled**

OP1 MAI NMCM: 4,560 units of Part A Non-Medical MAI Case Management services will be provided to eligible clients. 1 unit of service = 15 minutes of service.

1930

2630

**4560**

All clients will be assessed for service eligibility

- All clients will have a service plan.

- Case managers will document client service plan progress in case notes.

- Case managers will keep a confidential file on all clients.

- All clients will be entered into ARIES not more than 5 days after initial intake.

OP2 MAI NMCM: 57 unduplicated clients will be served: 47 continuing and 10 new clients.

24

33

**57**

Case Managers will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The ED will input this data into ARIES by the 10th of the month and will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outcomes****HIV Service Category SS-Case Management Non-medical**

<b>Outcome Measure Description</b>		<b>Period Goal</b>		
<b>What Data Is Collected</b>				
<b>How Data Is Compiled</b>				
<b>When Data Is Evaluated</b>		<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>
OC1	Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year Outcome target: 80%  Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year.  Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year  Client Exclusions: 1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year 2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year  NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:  •ARIES reports •NMCM care plan updated in client file Care plan goals will be evaluated and updated according to assessed acuity level. • Case managers will analyze all NMCM client care plans for development and updates indicated by acuity level. • Case managers will report data to ED, who will verify data • ARIES, excel spreadsheets, word documents, client files Data will be collected by case managers when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.	46	57	80.70
OC2	Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits Outcome target: 85%  Numerator: Number of non-medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period  Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of	49	57	85.96

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## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2018

***Period Performance End*** 2/28/2019

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HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Case managers are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates
- Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.
- Case managers will report data to ED, who will verify data
- ARIES reports, excel spreadsheets, client file

Data will be collected by case managers when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outputs****HIV Service Category SS-Case Management Non-medical****Period Goal****Output Measure Description****Initial/Previous Adjusted Target****How Data Is Compiled**

OP1 Part A NMCM: 2,783 units of Part A Non-Medical Case Management will be provided for eligible clients. 1 unit = 15 minutes of service.

2230

553

**2783**

All clients will be assessed for service eligibility

- All clients will have a service plan.

- Case managers will document client service plan progress in case notes.

- Case managers will keep a confidential file on all clients.

- All clients will be entered into ARIES not more than 5 days after initial intake.

OP2 19 unduplicated clients will be served: 14 continuing and 5 new clients.

15

4

**19**

Case managers will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The ED will input this data into ARIES by the 10th of the month and will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outcomes****HIV Service Category SS-Case Management Non-medical****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated**

Numerator	Denominator	Target Percent
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OC1 Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year  
Outcome target: 80%

16	19	84.21
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Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year.

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year

**Client Exclusions:**

1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year
2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports
- NMCM care plan updated in client file
  - Care plan goals will be evaluated and updated according to assessed acuity level.
  - Case managers will analyze all NMCM client care plans for development and updates indicated by acuity level.
  - Case managers will report data to ED, who will verify data
  - ARIES, excel spreadsheets, word documents, client files

Data will be collected by case managers when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

OC2 Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits  
Outcome target: 85%

17	19	89.47
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Numerator: Number of non-medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of

Created: 7/23/2018 9:20:00 AM

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## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2018

***Period Performance End*** 2/28/2019

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HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Case managers are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates

Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.

- Case managers will report data to ED, who will verify data
- ARIES reports, excel spreadsheets, client file

Data will be collected by case managers when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Budget for HIV - Direct Services**

Program Start Date 3/1/2018

Program End Date 2/28/2019

<i>Service Category</i>	<i>Personnel</i>	<i>Fringe</i>	<i>Travel</i>	<i>Equipment</i>	<i>Supplies</i>	<i>Contractuals</i>	<i>Other</i>	<i>Subtotal</i>
CS-Medical Case Management	43,336.00	8,667.00	0.00	0.00	1,204.00	0.00	18,634.00	<b>71,841.00</b>
SS-Case Management Non-medical	78,248.00	15,650.00	4,815.00	0.00	1,204.00	0.00	13,097.00	<b>113,014.00</b>
SS-Case Management Non-medical	82,174.00	16,435.00	0.00	0.00	1,442.00	0.00	19,046.00	<b>119,097.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>203,758.00</b>	<b>40,752.00</b>	<b>4,815.00</b>	<b>0.00</b>	<b>3,850.00</b>	<b>0.00</b>	<b>50,777.00</b>	<b>303,952.00</b>

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**Program Budget for HIV - Administrative Services**

Program Start Date 3/1/2018

Program End Date 2/28/2019

<i>Service Category</i>	<i>Personnel</i>	<i>Fringe</i>	<i>Travel</i>	<i>Equipment</i>	<i>Supplies</i>	<i>Contractuals</i>	<i>Other</i>	<i>Subtotal</i>
CS-Medical Case Management	2,408.00	482.00	0.00	0.00	0.00	2,648.00	2,407.00	7,945.00
SS-Case Management Non-medical	2,408.00	482.00	0.00	0.00	0.00	3,852.00	5,773.00	12,515.00
SS-Case Management Non-medical	2,883.00	577.00	0.00	0.00	0.00	2,883.00	6,920.00	13,263.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Subtotal</b>	<b>7,699.00</b>	<b>1,541.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>9,383.00</b>	<b>15,100.00</b>	<b>33,723.00</b>

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**Program Budget for HIV - Combined Services and Narrative**

Program Start Date 3/1/2018

Program End Date 2/28/2019

<b>Service Category</b>	<b>Personnel</b>	<b>Fringe</b>	<b>Travel</b>	<b>Equipment</b>	<b>Supplies</b>	<b>Contractuals</b>	<b>Other</b>	<b>Subtotal</b>
CS-Medical Case Management	45,744.00	9,149.00	0.00	0.00	1,204.00	2,648.00	21,041.00	<b>79,786.00</b>
SS-Case Management Non-medical	80,656.00	16,132.00	4,815.00	0.00	1,204.00	3,852.00	18,870.00	<b>125,529.00</b>
SS-Case Management Non-medical	85,057.00	17,012.00	0.00	0.00	1,442.00	2,883.00	25,966.00	<b>132,360.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>211,457.00</b>	<b>42,293.00</b>	<b>4,815.00</b>	<b>0.00</b>	<b>3,850.00</b>	<b>9,383.00</b>	<b>65,877.00</b>	<b>337,675.00</b>

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***Program Budget for HIV - Combined Services and Narrative***

<b><i>Service Category</i></b>	<b><i>Budget Narrative</i></b>
CS-Medical Case Management	Salaries, benefits, mileage, supplies, contractuels, rent, facilities, copier rental, telecommunications, insurance, and IT support costs for this service
SS-Case Management Non-medical	Salaries, benefits, mileage, supplies, contractuels, rent, facilities, copier rental, telecommunications, insurance, and IT support costs for this service
SS-Case Management Non-medical	Salaries, benefits, mileage, supplies, contractuels, rent, facilities, copier rental, telecommunications, insurance, and IT support costs for this service

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Amendment No. 3  
to  
Agreement No. NG170000036  
for  
Social Services  
between  
**THE WRIGHT HOUSE WELLNESS CENTER, INC.**  
and the  
**CITY OF AUSTIN**

- 1.0 The City of Austin and the Grantee hereby agree to the Agreement revisions listed below.
- 2.0 The total amount for this Amendment to the Agreement is ***Two Hundred Eighty Seven Thousand Three Hundred Ninety Eight dollars (\$287,398)***. The total Agreement amount is recapped below:

Term	Agreement Change Amount	Total Agreement Amount
Basic Term: (March 1, 2017 – Feb. 28, 2018)	n/a	\$ 130,099
Amendment No. 1: Add funds to Agreement and modify Program Exhibits	\$ 191,943	\$ 322,042
Amendment No. 2: Reduce funds in Agreement and modify Program Exhibits	(\$ 60,000)	\$ 262,042
Amendment No. 3: Exercise Extension Option #1 (March 1, 2018 – Feb. 28, 2019)	\$ 287,398	\$ 549,440

- 3.0 The following changes have been made to the original Agreement EXHIBITS:

**Exhibit A.1.1 -- Program Work Statement for HIV Contract** is deleted in its entirety and replaced with **Exhibit A.1.1 -- Program Work Statement for HIV Contract** [Revised 3/5/2018]

**Exhibit A.1.2 -- Program Work Statement By Service Category** is deleted in its entirety and replaced with **Exhibit A.1.2 -- Program Work Statement By Service Category** [Revised 3/5/2018]

**Exhibit A.2 -- Program Performance for HIV Service Category** is deleted in its entirety and replaced with **Exhibit A.2 -- Program Performance for HIV Service Category** [Revised 3/30/2018]

**Exhibit B.1.1 -- Program Budget for HIV Direct Services** deleted in its entirety and replaced with **Exhibit B.1.1 -- Program Budget for HIV Direct Services** [Revised 4/3/2018]

**Exhibit B.1.2 -- Program Budget for HIV Administrative Services** deleted in its entirety and replaced with **Exhibit B.1.2 -- Program Budget for HIV Administrative Services** [Revised 4/3/2018]

**Exhibit B.1.3 -- Program Budget for HIV Combined Services and Narrative** deleted in its entirety and replaced with **Exhibit B.1.3 -- Program Budget for HIV Combined Services and Narrative** [Revised 4/3/2018].

**Exhibit D -- Part A Required Reports** is deleted in its entirety and replaced with **Exhibit D -- Part A Required Reports** [Revised 3/2/2018]

**Exhibit G -- Federal Award Identification** is added to the Agreement.

**4.0 The following Terms and Conditions have been MODIFIED:**

4.1.2.1 For the Program Period of 3/1/2018 through 2/28/2019, the payment from the City to the Grantee shall not exceed \$287,398 (Two Hundred Eighty Seven Thousand Three Hundred Ninety Eight dollars).

**5.0 MBE/WBE goals** were not established for this Agreement.

**6.0 Based on the criteria in the City of Austin Living Wage Resolution #020509-91**, the Living Wage requirement does not apply to this Agreement.

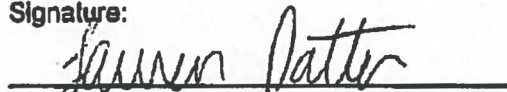
**7.0 By signing this Amendment, the Grantee certifies that the Grantee and its principals are not currently suspended or debarred from doing business with the Federal Government**, as indicated by the Exclusion records found at SAM.gov, the State of Texas, or the City of Austin.

**8.0 All other Agreement terms and conditions remain the same.**

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced Agreement.

**GRANTEE**

Signature:



THE WRIGHT HOUSE WELLNESS  
CENTER, INC.

Lauren Potter, Executive Director  
8101 Cameron Rd., Suite 105  
Austin, TX 78754

Date:

4/9/18

**CITY OF AUSTIN**

Signature:



City of Austin  
Purchasing Office  
PO Box 1088  
Austin, TX 78767

Date:

04/24/18



## **Program Work Statement For HIV Contract**

**Period Start Date** 3/1/2018

**Period End Date** 2/28/2019

### **Client Access**

#### **Transportation**

WHWC participates in the City of Austin's Ryan White Medical Transportation program that provides transportation vouchers to clients to ensure their ability to access medical and support services. WHWC staff also makes every effort to schedule service at times and locations most conducive to client access. This includes making home visits, accompanying clients to medical provider appointments, and meeting with clients at other locations.

#### **- Awareness of HIV Status and Need for Services**

According to ATCHHSD estimates, a significant number of individuals who would qualify for WHWC HIV-related services do not know their HIV status. All services are advertised to potential clients through WHWC's online presence (website, Facebook, Twitter, etc.), flyers placed at various locations in the service delivery area, and through other ASOs and other community organizations. HIV+ individuals, particularly those that have never been in care or are out of care, are encouraged to initiate contact with WHWC to get into care by calling, walking in, or emailing any program staff. Formal Memorandums of Understanding are maintained with other ASOs and community organizations to enable an open referral system.

#### **- HIV Knowledge**

Many clients, particularly the newly diagnosed, are reluctant to access services because they simply don't know what to expect. They may be operating on myths or misinformation about living with HIV. They may never have known anyone living with HIV. It may feel safer for such an individual to lapse into denial and avoid needed services. WHWC staff works with newly diagnosed clients to separate fact from fiction and develop a realistic understanding of the role of HIV and HIV services in their lives. These efforts include providing information and referral, accompanying clients to medical appointments, and helping clients identify supportive peer mentors and role models.

#### **- Stigma**

Many individuals report that the stigma associated with being HIV-positive (and/or accessing mental health care services) creates a barrier to accessing needed services. The fear of a friend or neighbor or an employer or an insurance carrier finding out sensitive health information can motivate a prospective client to keep his/her distance from service providers. WHWC makes every effort not just to maintain client confidentiality but also to provide a comfortable, non-threatening environment in which the client can seek help on his/her own terms. WHWC's name purposefully does not make references to specific diseases or conditions. WHWC staff and subcontractors are trained not only to maintain confidentiality, but to be sensitive to clients' varying needs and motivations regarding confidentiality. WHWC also works to reduce internalized stigma by providing information about HIV in a neutral, non-judgmental manner, while showing respect and compassion. The client's culture, language, sex, sexual orientation, age, and developmental level are always taken into consideration by WHWC staff. Many programs have a peer-educator component to help put clients at ease and to enable clients to more closely identify with the services being provided. On the other side of the equation, WHWC's community outreach efforts work to increase acceptance of HIV and HIV service utilization among those who have traditionally been less tolerant or understanding.

#### **- Anti-discrimination strategies**

All persons requesting services will be screened and offered an intake if eligible. No client will be denied services due to a pre-existing medical condition, including non-HIV-related conditions, or due to any other past or present health condition. Veterans will not be deemed ineligible for Ryan White services due to eligibility for Department of Veterans Affairs (VA) Health Care benefits.

### **Service Linkage, Referral, and Collaboration**

The Wright House Wellness Center's Case Management program is founded on the goal of strengthening individuals and their communities by reducing the spread of HIV and by providing infected individuals with the tools, knowledge, confidence, and motivation to manage their disease effectively and independently. As advances in HIV medical treatment have made positive clinical outcomes more likely, mortality rates due to HIV/AIDS have plummeted and the duration and quality of life for many living with HIV/AIDS has dramatically improved. HIV Case Management exists to help bring these benefits to those individuals who have barriers to achieving these improved outcomes. Because the factor most responsible for these improvements is properly administered medication, all successful HIV case management interventions begin with access to medical care. This view is emphasized at intake as part of the program orientation for new clients and remains part of the ongoing conversation between case manager and client. All service plans contain goals related to medical access and adherence.

WHWC's case management program has cultivated relationships with area HIV medical providers, particularly

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## **Program Work Statement For HIV Contract**

**Period Start Date** 3/1/2018

**Period End Date** 2/28/2019

CommunityCare's David Powell Health Clinic, since 2004, WHWC has a close working relationship with the nurses, doctors, social workers, and administrators at DPC. When out-of-care clients present to WHWC, case managers can quickly and effectively link them to care by shepherding them through the scheduling, eligibility, and intake process at DPC. Because WHWC's Case Management model is comprehensive, we have the appropriate staff to assist with every aspect of this process from obtaining medical records and other eligibility documents to orienting clients to the Austin HIV care system to reminder calls and transportation to appointments.

WHWC also has extensive knowledge of and experience with other area HIV providers including the Blackstock Family Clinic, Austin Regional Clinic, Red River Family Practice, and Austin Infectious Disease Consultants. WHWC case managers are familiar with the locations and eligibility criteria of these practices and can help HIV-infected individuals find an appropriate medical provider.

WHWC also participates in the Austin-area Return to Care collaborative, an initiative spearheaded by DPC to help prevent at-risk individuals from falling out of care and to help those who have fallen out of care to return to care. This working group, which includes representatives from all Austin-area ASOs, examines the trends and variables associated with clients being lost to care, and develops strategies at the community, agency, clinic, and individual levels to ensure linkage to medical care for the greatest number of central Texans living with HIV/AIDS possible.

Within the WHWC Case Management program, the Non-medical Case Manager will assist clients in identifying and overcoming psychosocial barriers to medical access and adherence, provide information and referral and moral support, help prepare the client for successful participation in medical care and/or Medical Case Management, and nurture the client's motivation to adhere to medical treatment. The Non-medical Case Manager will work closely with others involved in the client's care and the Medical Case Manager to provide a seamless, comprehensive system of linkage to medical care. WHWC also has a variety of disease management programs that help create a wide safety net in which to catch individuals who may be out of care or in danger of falling out of care. Agencies that serve as "Points of Entry" entities, the general community, health care providers, AIDS service organizations, and governmental entities facilitate additional referrals and linkages to and from WHWC.

Specifically, if a client has difficulty maintaining services in primary medical care, a referral is made to the most appropriate medical case management services for provision of intensive connection with a primary care provider. Most likely, it will be an "in-house" referral. The Wright House Wellness Center provides the following services:

- Case Management, including access to transportation and financial assistance programs Medical Case Management
- Support Group
- Complementary/Holistic Health Therapies.

The ability to offer a diverse set of services leads to a delivery system that decreases the potential of "losing" clients when they must be referred out for the most basic of services. The above detailed components are all crucial in WHWC's efforts to link clients to primary medical care and maintain retention in care.

WHWC has worked hard to maintain positive working relationships with other AIDS Service Organizations (ASOs) and other Community Based Organizations (CBOs) to ensure clients receive the most appropriate services for their individual needs within a seamless referral system. Existing community resources that WHWC works closely with to ensure linkage to HIV medical care and other social services include:

- CommunityCare - David Powell Health Clinic (DPC) and Blackstock Family Clinic provide HIV+ individuals with specialized HIV medical health care, counseling and referrals. WHWC collaborates with both clinics to ensure successful client linkage and maintenance in HIV medical care services.

- AIDS Services of Austin (ASA) and Austin/Travis County Integral Care - Community AIDS Resources and Education Program (CARE) provide HIV testing services, case management, and basic needs support to clients, including eligible referrals from WHWC and provide information for outreach distribution. Each partner agency also provides information for follow-up determinations.

- Austin/Travis County Health and Human Services Department (Austin Public Health) provides at-risk individuals with HIV/STD testing and appropriate referrals. WHWC provides information about services and referrals as appropriate.

- Project Transitions provides affordable housing and hospice/respite services to individuals living with HIV/AIDS. WHWC refers clients for assistance, and both agencies provide information for follow-up determinations.

- Care Communities provides personal assistance services to those living with HIV/AIDS and cancer. WHWC and Care Communities have a strong referral relationship.

- Waterloo Counseling Center offers mental health counseling and therapeutic support groups to gay, lesbian, bisexual, and transgender persons. WHWC and Waterloo Counseling have a strong referral relationship and have co-hosted an HIV support group for Spanish-speaking clients.

All referrals are documented and completed in ARIES. The first step to making a referral is determining the client's needs and then the most suitable agency for the referral. WHWC maintains documentation of all referrals using a Referral Form that

**Created:** 2/14/2018 11:42:00 AM **Last Modified:** 3/5/2018 9:45:00 AM



## **Program Work Statement For HIV Contract**

**Period Start Date** 3/1/2018

**Period End Date** 2/28/2019

gives the client all the pertinent referral information and allows WHWC to retain a second copy for follow-ups and file documentation. Each case manager is responsible for following up on referrals provided to their respective clients and noting outcome in ARIES.

The goal of these referral relationships and collaborations is to increase the chances of maintaining primary medical care and self-sufficiency for clients, by providing greater support around each client; reducing duplication of services and administrative costs; and providing opportunities for networking, problem-solving and community planning.

### **Client Input and Involvement**

Clients work with staff to create a personalized service plan, review progress towards that plan and make revisions as necessary. Client signatures are required on all service plans to ensure client participation and denote client agreement with service plan. In instances where follow up and revision of service plans is completed via telephone, Case Managers may sign for the client with the client's consent.

A bi-annual follow-up form is completed with each client as well. This form updates contact, financial, and health information, service utilization and documents successes, challenges and concerns or complaints clients may have. Any outstanding information gained from follow-up forms or directly from a client is reported to the Executive Director who will decide upon a course of action, if appropriate.

Clients are also involved in monitoring the quality of the organization through their annual participation in a client satisfaction survey and in meetings with the Executive Director who maintains an open door policy and often meets personally with clients per request.

The agency reception area has a "suggestion box." The Executive Director is in charge of checking the box, presenting suggestions during the weekly Case Management Meeting and/or All Staff Meeting and responding to any items requiring a formal response.

WHWC has created a Client Advisory Committee (CAC) to assist the Executive Director and the agency in program planning and evaluation, as well as represent the client community as a whole to the agency.

Program reports are provided regularly to the Executive Director and to the Board of Directors. Clients are routinely encouraged to participate in stakeholder forums and events, community surveys, and focus groups related to HIV service delivery.

The WHWC Board of Directors encourages clients to attend Board meetings and apply for Board membership. At present, one-third of the board are HIV-positive and/or clients of WHWC.

### **Cultural Competency**

Policy and Procedure for Clients with Limited English Proficiency:

All client services must be provided in a manner that is linguistically appropriate to the client. It is agency policy to ensure access to service for clients who are not proficient in English. In order to do this, the agency hires bilingual staff, arranges for volunteer interpreters, and uses outside interpreter services as needed. Here are the procedures for clients with limited English proficiency:

1. Spanish-speaking clients will be assigned a bilingual case manager who speaks the Spanish language. Family members or minor children will not be used as interpreters, unless requested by the client. When a bilingual case manager is not available, the client will be notified of his/her right to free interpreter services. A telephone interpreter service will be used when appropriate. All case managers will have information available on how to access interpreter services through INTERPRET ALK® Interpreting by Telephone (IBT) through Language Services Associates.

For those clients whose native language is other than English or Spanish, case managers will use the United States Census 2004 Language Identification Flashcard to determine what language a client is speaking. Family members or minor children will not be used as interpreters, unless requested by the client. The client will be notified of his/her right to free interpreter services.

2. For clients needing the services of a sign language interpreter, CSD of Texas will be utilized. CSD- Austin can be reached by contacting 512-428-1800.

3. Case Managers must get supervisor approval before scheduling new intakes with an interpreter present to ensure client comfort and approve fee for interpreter service. Service activities will be delivered so that cultural and language differences do not constitute a barrier to services in full compliance with the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

**Created:** 2/14/2018 11:42:00 AM **Last Modified:** 3/5/2018 9:45:00 AM



## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** CS-Medical Case Management

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### ***Client Eligibility***

Clients will be reassessed to determine continued eligibility every 6 months from the time eligibility was established or updated.

**HIV Status** – All clients must be HIV- positive. A computer-generated HIV+ lab test with the client's name preprinted or Healthcare Professional documentation who is providing HIV medical care to the client.

**Residency** – Individuals residing in Travis, Williamson, Bastrop, Hays, or Caldwell counties are eligible for this service.

**Lease/Rental agreement** in the name of the client or listing the client as an occupant; **Property tax document's** in the client's name; **Utility/phone/cable bill** in the client's name; **Credit card bill** in the client's name; **Letter on company letterhead** signed by the director of a recognized group home, care home, transitional living facility stating that the client is a resident; Any type of current business/or governmental correspondence with the client's name and address preprinted; or **Pay stub** with the client's name and address preprinted.

For those clients who are undocumented and/or homeless, the following forms of documentation are acceptable:

"Residency Verification Form;" or Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Income Level** – All clients must present proof of income. **Payroll stub/copy of payroll check/bank statement** showing direct payroll deposit; **Letter from employer on company letterhead** indicating weekly or monthly wages; **Unemployment benefits letter/copy of check or bank statement** showing direct deposit; **IRS 1040 form/W2 form/ 099 form**; **Social Security award letter**; **VA benefits letter**; **private disability/pension letter on company letterhead**; **Medicaid letter**; **Child or spousal support order with judge's signature and date**; **Food Stamp and/or Temporary Assistance for Needy Families (TANF) award letter**; **Temporary "Affidavit of Self Disclosed Income Form"**; or **Documentation of any other income**.

For those clients claiming no income, the following forms of documentation are acceptable:

"Affidavit of Self Disclosed Income Form;" **Proof of application of Social Security**; **Client living off savings: bank/investment account statements form 3 consecutive months** showing withdrawals for living expenses; **Client being supported by someone else - statement signed and dated by the supporter**, which includes the amount and type of support and the supporter's phone number for verification.

- **Homeless clients** - letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Insurance status** – All Clients must provide documentation of insurance status. Acceptable documentation includes:

- **Verification of employment**;

- **Medicaid/Medicare or third party rejection letter** covering the dates of service;

- **Signed note in patient record** showing date and tie of call to Medicaid/Medicare or third party (done monthly or at every visit, whichever is less frequent).

**Undocumented and/or homeless clients** - letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

### ***Target Populations***

This service is open to individuals living with HIV/AIDS who meet the eligibility requirements listed under Client Eligibility, and who have identified psychosocial needs related to HIV non-medical case management functions: Clients who do NOT require coordination or follow-up of medical care and treatments; referral, coordination and follow-up of certain ancillary services (e.g. housing, food, transportation) to help stabilize the client toward benefiting more effectively from medical intervention; clients who need assistance in applying for and ongoing assistance maintaining public/private benefit programs; other financial assistance needs.

Services will be offered to HIV-positive individuals not enrolled in any other HIV Case Management program. The Wright House Wellness Center's target population will include: men, women and transgender persons; White, African American, Latino/a, and others; individuals with current or previous substance abuse, including injection drug users; individuals with current or previous mental illness; and recently incarcerated individuals. 100% of the clients will be HIV-positive living within the Austin TGA.

### ***Service Category Activities***

#### ***Service activities linked to Budget Justification***

***Created:*** 2/14/2018 11:52:00 AM

***Last Modified:***

3/5/2018 9:48:00 AM

## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

### ***HIV Service Category CS-Medical Case Management***

The following activities will be performed at a frequency based on client acuity as provided by the applicable Standards of Care:

- Intake and Eligibility determination process,
- Comprehensive Assessment,
- Acuity Assessment,
- Development of a comprehensive, individualized care plan,
- Coordination of services required to implement the plan,
- Client monitoring to assess the efficacy of the plan, and
- Periodic re-evaluation and adaptation of the plan as necessary over the client's enrollment in case management services.

#### ***Frequency of these service activities***

Frequency of these service activities is provided in accordance with applicable Standards of Care.

#### ***Location(s) of these service activities***

Medical Case Managers will conduct these activities in a variety of settings depending on client need. These settings primarily include, but are not limited to: WHWC offices, the client's home, the offices of the client's medical providers, hospitals, and substance abuse treatment facilities.

#### ***Staffing***

Title/ Qualifications/ Duties by position:

Medical Case Manager

- Master's degree in social work; license preferred.
- 1-3 years' experience in human/social services (3+ years may substitute for degree).
- Interviewing and assessment skills (strong ability to listen without judgment).
- Cultural awareness & sensitivity.
- Knowledge of/ability to research available community resources.
- PC (Windows, Word, Excel, Access) and internet proficient.
- Excellent written and verbal communication skills.
- Manage a caseload of clients who are determined eligible for case management services, i.e. clients who are HIV+, residing in the Austin TGA, in need of or pursuing primary medical care, and experiencing complex medical/adherence issues.

Executive Director

- Expertise and knowledge of HIV/AIDS and HCV.
- 10-15 years non-profit experience with specific knowledge of health care policies, industry trends, nonprofit business development and 501 C (3) policies and procedures.
- Exceptional competency in managing financial and operational resources to align with mission and business outcomes; Strong ability to oversee human resources and to administer the program; Strong understanding of trends in the HIV/AIDS and HCV communities. Excellent communication, writing, and social skills applicable to multiethnic consumers.
- Responsible for the development, management and implementation of all initiatives necessary to deliver WHWC programs and services, provide appropriate funding to deliver the services and promote the mission of WHWC throughout the service area.
- Manage, develop and provide leadership to all employees, Board of Directors members, and volunteers. Foster a culture of philanthropy within WHWC. Assure that the organization's culture, systems and procedures support the goals and objectives of the agency. Lead staff and volunteers to institutionalize philanthropy within the organization.

#### ***Quality Management***

WHWC will follow its most recent approved Quality Management Plan in providing and assessing all services. Please refer to WHWC's Quality Management Plan, March 1, 2016-February 28, 2017. When the new Quality Plan is approved for FY 2018, WHWC will comply with it.

#### ***HRSA/HAB Ryan White Part A Program Monitoring Standards***

WHWC will comply with all applicable HRSA Program Monitoring Standards and other requirements for this service category and grant program.

***Created:*** 2/14/2018 11:52:00 AM ***Last Modified:*** 3/5/2018 9:48:00 AM



## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** SS-Case Management Non-medical

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### ***Client Eligibility***

#### **MAI Eligibility**

Minority Population Status - All clients must be African American and/or Latino/a. Client assertion or self-identification will be accepted as proof of clients status as members of minority populations served through MAI.

Clients will be reassessed to determine continued eligibility every 6 months from the time eligibility was established or updated.

HIV Status – All clients must be HIV- positive. A computer-generated HIV+ lab test with the client's name preprinted or Healthcare Professional documentation who is providing HIV medical care to the client.

Residency – Individuals residing in Travis, Williamson, Bastrop, Hays, or Caldwell counties are eligible for this service. Lease/Rental agreement in the name of the client or listing the client as an occupant; Property tax document's in the client's name; Utility/phone/cable bill in the client's name; Credit card bill in the client's name; Letter on company letterhead signed by the director of a recognized group home, care home, transitional living facility stating that the client is a resident; Any type of current business/or governmental correspondence with the client's name and address preprinted; or Pay stub with the client's name and address preprinted.

For those clients who are undocumented and/or homeless, the following forms of documentation are acceptable:

"Residency Verification Form;" or Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

Income Level – All clients must present proof of income. Payroll stub/copy of payroll check/bank statement showing direct payroll deposit; Letter from employer on company letterhead indicating weekly or monthly wages; Unemployment benefits letter/copy of check or bank statement showing direct deposit; IRS 1040 from/W2 form/I 099 form; Social Security award letter; VA benefits letter; private disability/pension letter on company letterhead; Medicaid letter; Child or spousal support order with judge's signature and date; Food Stamp and/or Temporary Assistance for Needy Families (TANF) award letter; Temporary "Affidavit of Self Disclosed Income Form", or Documentation of any other income.

For those clients claiming no income, the following forms of documentation are acceptable:

"Affidavit of Self Disclosed Income Form;" Proof of application of Social Security; Client living off savings; bank/investment account statements form 3 consecutive months showing withdrawals for living expenses; Client being supported by someone else - statement signed and dated by the supporter, which includes the amount and type of support and the supporter's phone number for verification.

- Homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

Insurance status – All Clients must provide documentation of insurance status. Acceptable documentation includes:

- Verification of employment;

- Medicaid/Medicare or third party rejection letter covering the dates of service;

- Signed note in patient record showing date and tie of call to Medicaid/Medicare or third party (done monthly or at every visit, whichever is less frequent).

Undocumented and/or homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

### ***Target Populations***

This service is provided for African-American and Hispanic individuals living with HIV/AIDS who meet the eligibility requirements listed under Client Eligibility, and who have identified psychosocial needs related to HIV non-medical case management functions: Clients who do NOT require coordination or follow-up of medical care and treatments; referral, coordination and follow-up of certain ancillary services (e.g. housing, food, transportation) to help stabilize the client toward benefiting more effectively from medical intervention; clients who need assistance in applying for and ongoing assistance maintaining public/private benefit programs; other financial assistance needs.

Services will be offered to HIV-positive individuals not enrolled in any other HIV Case Management program. The Wright House Wellness Center's target population will include: men, women and transgender persons; individuals with current or previous substance abuse, including injection drug users; individuals with current or previous mental illness; and recently incarcerated individuals. 100% of the clients will be African American and Latino/a who are HIV-positive and living within the

***Created:*** 2/14/2018 11:45:00 AM

***Last Modified:***

3/5/2018 10:06:00 AM



## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** SS-Case Management Non-medical

Austin TGA.

### ***Service Category Activities***

#### ***Service activities linked to Budget Justification***

The following activities will be performed at a frequency based on client acuity as provided by the applicable Standards of Care:

- Intake and Eligibility determination process,
- Comprehensive Assessment,
- Acuity Assessment,
- Development of a comprehensive, individualized care plan,
- Coordination of services required to implement the plan,
- Client monitoring to assess the efficacy of the plan, and
- Periodic re-evaluation and adaptation of the plan as necessary over the client's enrollment in case management services.

#### ***Frequency of these service activities***

Frequency of these service activities is in accordance with Standards of Care.

#### ***Location(s) of these service activities***

Non-Medical Case Managers will conduct these activities in a variety of settings depending on client need. These settings primarily include, but are not limited to: WHWC offices, the client's home, the offices of the client's medical providers, hospitals, and substance abuse treatment facilities.

#### ***Staffing***

Title/ Qualifications/ Duties by position:

##### **Medical Case Manager**

- Master's degree in social work; license preferred.
- 1-3 years' experience in human/social services (3+ years may substitute for degree).
- Interviewing and assessment skills (strong ability to listen without judgment).
- Cultural awareness & sensitivity.
- Knowledge of/ability to research available community resources.
- PC (Windows, Word, Excel, Access) and internet proficient.
- Excellent written and verbal communication skills.
- Manage a caseload of clients who are determined eligible for case management services, i.e. clients who are HIV+, residing in the Austin TGA, in need of or pursuing primary medical care, and experiencing complex medical/adherence issues.

##### **Executive Director**

- Expertise and knowledge of HIV/AIDS and HCV.
- 10-15 years non-profit experience with specific knowledge of health care policies, industry trends, nonprofit business development and 501 C (3) policies and procedures.
- Exceptional competency in managing financial and operational resources to align with mission and business outcomes; Strong ability to oversee human resources and to administer the program; Strong understanding of trends in the HIV/AIDS and HCV communities. Excellent communication, writing, and social skills applicable to multiethnic consumers.
- Responsible for the development, management and implementation of all initiatives necessary to deliver WHWC programs and services, provide appropriate funding to deliver the services and promote the mission of WHWC throughout the service area.
- Manage, develop and provide leadership to all employees, Board of Directors members, and volunteers. Foster a culture of philanthropy within WHWC. Assure that the organization's culture, systems and procedures support the goals and objectives of the agency. Lead staff and volunteers to institutionalize philanthropy within the organization.

##### **Non- Medical Case Manager**

- Bachelor's degree and 1-3 years of experience working directly with clients, patients, or consumers (3+ years may substitute for degree). Strong ability to listen without judgment and assess needs. Must enjoy helping people to achieve their goals; Cultural awareness & sensitivity.
- Knowledge of or ability to research available community resources.

***Created:*** 2/14/2018 11:45:00 AM ***Last Modified:*** 3/5/2018 10:06:00 AM

## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** SS-Case Management Non-medical

- PC (Windows, Microsoft) and internet proficient.
- Excellent written and verbal communication skills.
- Provide case management services to a caseload of clients who are living with HIV/AIDS.
- Work within a team-oriented environment to help clients access and adhere to HIV medical care, improve HIV medical outcomes, and increase self-sufficiency.

Bilingual Case Manager (Fluent in Spanish)

- Bachelor's degree and 1-3 years of experience working directly with clients, patients, or consumers (3+ years may substitute for degree).
- Strong ability to listen without judgment and assess needs. Must enjoy helping people achieve goals; Cultural awareness & sensitivity; Knowledge of or ability to research available community resources. PC (Windows, Microsoft) and internet proficient.
- Provide case management services to a caseload of clients who are living with HIV/AIDS.
- This position will work within a team-oriented environment to help clients access and adhere to HIV medical care, improve HIV medical outcomes, and increase self-sufficiency.

### ***Quality Management***

WHWC will follow its most recent approved Quality Management Plan in providing and assessing all services. Please refer to WHWC's Quality Management Plan, March 1, 2016-February 28, 2017. When the new Quality Plan is approved for FY 2018, WHWC will comply with it.

### ***HRSA/HAB Ryan White Part A Program Monitoring Standards***

WHWC will comply with all applicable HRSA Program Monitoring Standards and other requirements for this service category and grant program.

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***Created:*** 2/14/2018 11:45:00 AM ***Last Modified:*** 3/5/2018 10:06:00 AM



## ***Program Work Statement By Service Category***

*Period Start Date 3/1/2018*

*Period End Date 2/28/2019*

***HIV Service Category SS-Case Management Non-medical***

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### ***Client Eligibility***

Clients will be reassessed to determine continued eligibility every 6 months from the time eligibility was established or updated.

**HIV Status** – All clients must be HIV- positive. A computer-generated HIV+ lab test with the client's name preprinted or Healthcare Professional documentation who is providing HIV medical care to the client.

**Residency** – Individuals residing in Travis, Williamson, Bastrop, Hays, or Caldwell counties are eligible for this service.

**Lease/Rental agreement** in the name of the client or listing the client as an occupant; **Property tax document's** in the client's name; **Utility/phone/cable bill** in the client's name; **Credit card bill** in the client's name; **Letter on company letterhead** signed by the director of a recognized group home, care home, transitional living facility stating that the client is a resident; **Any type of current business/or governmental correspondence** with the client's name and address preprinted; or **Pay stub** with the client's name and address preprinted.

For those clients who are undocumented and/or homeless, the following forms of documentation are acceptable:

"Residency Verification Form;" or Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Income Level** – All clients must present proof of income. Payroll stub/copy of payroll check/bank statement showing direct payroll deposit; Letter from employer on company letterhead indicating weekly or monthly wages; Unemployment benefits letter/copy of check or bank statement showing direct deposit; IRS 1040 from/W2 form/I 099 form; Social Security award letter; VA benefits letter; private disability/pension letter on company letterhead; Medicaid letter; Child or spousal support order with judge's signature and date; Food Stamp and/or Temporary Assistance for Needy Families (TANF) award letter; Temporary "Affidavit of Self Disclosed Income Form"; or Documentation of any other income.

For those clients claiming no income, the following forms of documentation are acceptable:

"Affidavit of Self Disclosed Income Form;" Proof of application of Social Security; Client living off savings; bank/investment account statements form 3 consecutive months showing withdrawals for living expenses; Client being supported by someone else - statement signed and dated by the supporter, which includes the amount and type of support and the supporter's phone number for verification.

- Homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Insurance status** – All Clients must provide documentation of insurance status. Acceptable documentation includes:

- Verification of employment;

- Medicaid/Medicare or third party rejection letter covering the dates of service;

- Signed note in patient record showing date and tie of call to Medicaid/Medicare or third party (done monthly or at every visit, whichever is less frequent).

Undocumented and/or homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

### ***Target Populations***

This service is open to individuals living with HIV/AIDS who meet the eligibility requirements listed under Client Eligibility, and who have identified psychosocial needs related to HIV non-medical case management functions: Clients who do NOT require coordination or follow-up of medical care and treatments; referral, coordination and follow-up of certain ancillary services (e.g. housing, food, transportation) to help stabilize the client toward benefiting more effectively from medical intervention; clients who need assistance in applying for and ongoing assistance maintaining public/private benefit programs; other financial assistance needs.

Services will be offered to HIV-positive individuals not enrolled in any other HIV Case Management program. The Wright House Wellness Center's target population will include: men, women and transgender persons; White, African American, Latino/a, and others; individuals with current or previous substance abuse, including injection drug users; individuals with current or previous mental illness; and recently incarcerated individuals. 100% of the clients will be HIV-positive living within the Austin TGA.

### ***Service Category Activities***

#### ***Service activities linked to Budget Justification***

***Created:*** 2/14/2018 11:49:00 AM

***Last Modified:***

3/5/2018 9:59:00 AM



## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** SS-Case Management Non-medical

The following activities will be performed at a frequency based on client acuity as provided by the applicable Standards of Care:

- Intake and Eligibility determination process,
- Comprehensive Assessment,
- Acuity Assessment,
- Development of a comprehensive, individualized care plan,
- Coordination of services required to implement the plan,
- Client monitoring to assess the efficacy of the plan, and
- Periodic re-evaluation and adaptation of the plan as necessary over the client's enrollment in case management services.

### ***Frequency of these service activities***

Frequency of these service activities is in accordance with Standards of Care.

### ***Location(s) of these service activities***

Non-Medical Case Managers will conduct these activities in a variety of settings depending on client need. These settings primarily include, but are not limited to: WHWC offices, the client's home, the offices of the client's medical providers, hospitals, and substance abuse treatment facilities.

### ***Staffing***

Title/ Qualifications/ Duties by position:

Medical Case Manager

- Master's degree in social work; license preferred.
- 1-3 years' experience in human/social services (3+ years may substitute for degree).
- Interviewing and assessment skills (strong ability to listen without judgment).
- Cultural awareness & sensitivity.
- Knowledge of/ability to research available community resources.
- PC (Windows, Word, Excel, Access) and internet proficient.
- Excellent written and verbal communication skills.
- Manage a caseload of clients who are determined eligible for case management services, i.e. clients who are HIV+, residing in the Austin TGA, in need of or pursuing primary medical care, and experiencing complex medical/adherence issues.

Executive Director

- Expertise and knowledge of HIV/AIDS and HCV.
- 10-15 years non-profit experience with specific knowledge of health care policies, industry trends, nonprofit business development and 501 C (3) policies and procedures.
- Exceptional competency in managing financial and operational resources to align with mission and business outcomes; Strong ability to oversee human resources and to administer the program; Strong understanding of trends in the HIV/AIDS and HCV communities. Excellent communication, writing, and social skills applicable to multiethnic consumers.
- Responsible for the development, management and implementation of all initiatives necessary to deliver WHWC programs and services, provide appropriate funding to deliver the services and promote the mission of WHWC throughout the service area.
- Manage, develop and provide leadership to all employees, Board of Directors members, and volunteers. Foster a culture of philanthropy within WHWC. Assure that the organization's culture, systems and procedures support the goals and objectives of the agency. Lead staff and volunteers to institutionalize philanthropy within the organization.

Non- Medical Case Manager

- Bachelor's degree and 1-3 years of experience working directly with clients, patients, or consumers (3+ years may substitute for degree). Strong ability to listen without judgment and assess needs. Must enjoy helping people to achieve their goals; Cultural awareness & sensitivity.
- Knowledge of or ability to research available community resources.
- PC (Windows, Microsoft) and internet proficient.
- Excellent written and verbal communication skills.
- Provide case management services to a caseload of clients who are living with HIV/AIDS.
- Work within a team-oriented environment to help clients access and adhere to HIV medical care, improve HIV medical

***Created:*** 2/14/2018 11:49:00 AM ***Last Modified:*** 3/5/2018 9:59:00 AM

## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2018

***Period End Date*** 2/28/2019

***HIV Service Category*** SS-Case Management Non-medical

outcomes, and increase self- sufficiency.

Bilingual Case Manager (Fluent in Spanish)

- Bachelor's degree and 1-3 years of experience working directly with clients, patients, or consumers (3+ years may substitute for degree).

Strong ability to listen without judgment and assess needs. Must enjoy helping people achieve goals; Cultural awareness & sensitivity; Knowledge of or ability to research available community resources. PC (Windows, Microsoft) and internet proficient.

- Provide case management services to a caseload of clients who are living with HIV/AIDS.

- This position will work within a team-oriented environment to help clients access and adhere to HIV medical care, improve HIV medical outcomes, and increase self-sufficiency.

### ***Quality Management***

WHWC will follow its most recent approved Quality Management Plan in providing and assessing all services. Please refer to WHWC's Quality Management Plan, March 1, 2016-February 28, 2017. When the new Quality Plan is approved for FY 2018, WHWC will comply with it.

### ***HRSA/HAB Ryan White Part A Program Monitoring Standards***

WHWC will comply with all applicable HRSA Program Monitoring Standards and other requirements for this service category and grant program.

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***Created:*** 2/14/2018 11:49:00 AM ***Last Modified:*** 3/5/2018 9:59:00 AM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outputs****HIV Service Category CS-Medical Case Management**

<b>Output Measure Description</b>	<b>Period Goal</b>		
	<b>Initial/Previous</b>	<b>Adjusted</b>	<b>Target</b>

**How Data Is Compiled**

OP1	Goal for the maximum annual authorization level is 1190 units of Part A Medical Case Management services to be provided for eligible clients. 1 unit = 15 minutes of service	1190	1190
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All clients will be assessed for service eligibility.

- All clients will have a service plan.

- Medical case managers will document client service plan progress in case notes.

- Medical case managers will keep a confidential file on all clients.

- All clients will be entered into ARIES not more than 5 days after initial intake.

OP2	Goal for the maximum annual authorization level is at least 11 unduplicated clients to be served. Of the total goal, we estimate 3 new client and about 8 continuing clients will be served.	11	11
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MCM will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The Executive Director will input this data into ARIES by the 10th of the month. The Executive Director will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outcomes****HIV Service Category CS-Medical Case Management****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated**

	<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>
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OC1 Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year

4

4

100.00

Outcome target: 80%

Numerator: Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year

Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year

**Client Exclusions:**

1. Medical case management clients who initiated medical case management services in the last six months of the measurement year
2. Medical case management clients who were discharged from medical case management services prior to six months of service in the measurement year

MCM is responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include:

•ARIES reports

•Medical Care Plan and plan updates documented in client file

Care plan goals will be evaluated and updated according to assessed acuity level.

MCM will analyze all MCM client care plans for development and updates indicated by acuity level.

- MCM will report data to ED, who will verify data

- ARIES, excel spreadsheets, word documents, client files

Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).

OC2 Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits.

4

4

100.00

Outcome target: 85%

Numerator: Number of medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

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## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2018

***Period Performance End*** 2/28/2019

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MCM is responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates

Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by MCM and ED.

- MCM will report data to ED, who will verify data
- ARIES reports, excel spreadsheets, client file

Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outputs****HIV Service Category SS-Case Management Non-medical****Period Goal****Output Measure Description****Initial/Previous Adjusted Target****How Data Is Compiled**

OP1 Part A NMCM: Goal for the maximum annual authorization level is 2230 units of Part A Non-Medical Case Management services to be provided for eligible clients. 1 unit = 15 minutes of service.

All clients will be assessed for service eligibility

- All clients will have a service plan.

- Medical case managers will document client service plan progress in case notes.

- Medical case managers will keep a confidential file on all clients.

- All clients will be entered into ARIES not more than 5 days after initial intake.

OP2 Goal for the maximum annual authorization level is at least 15 unduplicated clients to be served. Of that goal, we estimate 10 continuing clients and about 5 new clients will be served.

Non-Medical Case Managers will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The ED will input this data into ARIES by the 10th of the month and will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outcomes****HIV Service Category SS-Case Management Non-medical****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated**

Numerator	Denominator	Target Percent
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OC1 Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year Outcome target: 80%

5	6	83.33
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Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year.

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year

**Client Exclusions:**

1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year
2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports
  - NMCM care plan updated in client file
- Care plan goals will be evaluated and updated according to assessed acuity level.
- NMCM will analyze all NMCM client care plans for development and updates indicated by acuity level.
  - NMCM will report data to ED, who will verify data
- Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

OC2 Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits

6	6	100.00
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Outcome target: 85%

Numerator: Number of non-medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

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## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2018

***Period Performance End*** 2/28/2019

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Client Exclusions: Clients who died at any time during the 12-month measurement period

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates

Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.

- NMCM will report data to ED, who will verify data
- ARIES reports, excel spreadsheets, client file

Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outputs****HIV Service Category SS-Case Management Non-medical**

<b>Output Measure Description</b>	<b>Period Goal</b>		
	<b>Initial/Previous</b>	<b>Adjusted</b>	<b>Target</b>

**How Data Is Compiled**

OP1	MAI NMCM: Goal for the maximum annual authorization level is 1930 units of Part A Non-Medical MAI Case Management services will be provided to eligible clients. 1 unit of service = 15 minutes of service.	1930	1930
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All clients will be assessed for service eligibility

- All clients will have a service plan.

- Medical case managers will document client service plan progress in case notes.

- Medical case managers will keep a confidential file on all clients.

- All clients will be entered into ARIES not more than 5 days after initial intake.

OP2	MAI NMCM: For the maximum annual authorization level, at least 24 unduplicated clients will be served. Of that total goal, we estimate about 21 will be continuing clients and about 3 will be new clients.	24	24
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Non-Medical Case Managers will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The ED will input this data into ARIES by the 10th of the month and will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2018

Period Performance End 2/28/2019

**Outcomes****HIV Service Category SS-Case Management Non-medical****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated**

Numerator	Denominator	Target Percent
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OC1 Percentage of non-medical MAI case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year  
Outcome target: 80%

9	11	81.82
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Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year.

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year

**Client Exclusions:**

1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year
2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

**•ARIES reports****•NMCM care plan updated in client file**

Care plan goals will be evaluated and updated according to assessed acuity level.

- NMCM will analyze all NMCM client care plans for development and updates indicated by acuity level.

•NMCM will report data to ED, who will verify data

•ARIES, excel spreadsheets, word documents, client files

Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

OC2 Percentage of non-medical MAI case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits

10	11	90.91
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Outcome target: 85%

Numerator: Number of non-medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

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## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2018

***Period Performance End*** 2/28/2019

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Client Exclusions: Clients who died at any time during the 12-month measurement period

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates

Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.

- NMCM will report data to ED, who will verify data
- ARIES reports, excel spreadsheets, client file

Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Budget for HIV - Direct Services**

Program Start Date 3/1/2018

Program End Date 2/28/2019

<b>Service Category</b>	<b>Personnel</b>	<b>Fringe</b>	<b>Travel</b>	<b>Equipment</b>	<b>Supplies</b>	<b>Contractuals</b>	<b>Other</b>	<b>Subtotal</b>
CS-Medical Case Management	37,462.50	7,492.50	0.00	0.00	985.50	2,168.10	17,231.40	65,340.00
SS-Case Management Non-medical	66,051.00	13,211.00	3,943.80	0.00	985.50	3,156.30	15,459.40	102,807.00
SS-Case Management Non-medical	58,164.30	11,633.40	0.00	0.00	985.50	1,971.90	17,757.90	90,513.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Subtotal</b>	<b>161,677.80</b>	<b>32,336.90</b>	<b>3,943.80</b>	<b>0.00</b>	<b>2,956.50</b>	<b>7,296.30</b>	<b>50,448.70</b>	<b>258,660.00</b>

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**Program Budget for HIV - Administrative Services**

Program Start Date 3/1/2018

Program End Date 2/28/2019

<b>Service Category</b>	<b>Personnel</b>	<b>Fringe</b>	<b>Travel</b>	<b>Equipment</b>	<b>Supplies</b>	<b>Contractuals</b>	<b>Other</b>	<b>Subtotal</b>
CS-Medical Case Management	4,162.50	832.50	0.00	0.00	109.50	240.90	1,914.60	7,260.00
SS-Case Management Non-medical	7,339.00	1,466.20	438.00	0.00	109.50	350.70	1,717.60	11,421.00
SS-Case Management Non-medical	6,462.70	1,292.60	0.00	0.00	109.50	219.10	1,973.10	10,057.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Subtotal</b>	<b>17,964.20</b>	<b>3,591.30</b>	<b>438.00</b>	<b>0.00</b>	<b>328.50</b>	<b>810.70</b>	<b>5,605.30</b>	<b>28,738.00</b>

Created: 2/19/2018 1:54:00 PM Last Modified: 4/3/2018 10:19:00 AM

**Program Budget for HIV - Combined Services and Narrative**

Program Start Date 3/1/2018

Program End Date 2/28/2019

<b>Service Category</b>	<b>Personnel</b>	<b>Fringe</b>	<b>Travel</b>	<b>Equipment</b>	<b>Supplies</b>	<b>Contractuals</b>	<b>Other</b>	<b>Subtotal</b>
CS-Medical Case Management	41,625.00	8,325.00	0.00	0.00	1,095.00	2,409.00	19,146.00	<b>72,600.00</b>
SS-Case Management Non-medical	73,390.00	14,677.20	4,381.80	0.00	1,095.00	3,507.00	17,177.00	<b>114,228.00</b>
SS-Case Management Non-medical	64,627.00	12,926.00	0.00	0.00	1,095.00	2,191.00	19,731.00	<b>100,570.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>179,642.00</b>	<b>35,928.20</b>	<b>4,381.80</b>	<b>0.00</b>	<b>3,285.00</b>	<b>8,107.00</b>	<b>56,054.00</b>	<b>287,398.00</b>

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## ***Program Budget for HIV - Combined Services and Narrative***

<b><i>Service Category</i></b>	<b><i>Budget Narrative</i></b>
CS-Medical Case Management	Salaries, fringe benefits, operating costs, and other eligible expenses for this Part A program: The amounts above are projected for the maximum annual authorization level. The initial award level amounts are provided within the uploaded budget worksheets.
SS-Case Management Non-medical	Salaries, fringe benefits, operating costs, and other eligible expenses for this Part A program: The amounts above are projected for the maximum annual authorization level. The initial award level amounts are provided within the uploaded budget worksheets.
SS-Case Management Non-medical	Salaries, fringe benefits, operating costs, and other eligible expenses for this MAI program: The amounts above are projected for the maximum annual authorization level. The initial award level amounts are provided within the uploaded budget worksheets.

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## Exhibit D

### REQUIRED PERFORMANCE and FINANCIAL REPORTS

#### Delivery Schedule for Ryan White Part A/MAI Grant Agreements and Contracts

Partial list of required forms and reports, to be submitted no later than the indicated due dates:

Reporting Requirements	Due Dates
<b>ARIES Monthly Data Report and ARIES YTD Data Report</b> (for each sub/service category: Actual Units delivered and Unduplicated Clients served for the billed month, and also cumulative Year-to-Date totals. <b>For MAI program – breakdown by target group is also required</b>	Ongoing ARIES data input is required. Two ARIES Data Reports are due monthly, no later than the 15 <sup>th</sup> of each month for the previous month, uploaded into CIODM (Community Information Online Data Management) system
<b>Monthly Performance Report and Monthly Financial Summary spreadsheets</b> , including Program Income and Administrative Expenditures	Due no later than the 15 <sup>th</sup> of each month for the previous month, uploaded <b>complete MS Excel spreadsheet sets</b> into CIODM system
<i>(As applicable for each month where expenditures or performance are not within expected range):</i> <b>Monthly Expenditure and Performance Variance Report</b> by HIV Service Category (submitted in <b>MS Word</b> format)	For each service category that meets criteria (instructions on form), a separate form is due no later than the 15 <sup>th</sup> of each month, <b>uploaded as MS Word formatted file</b> into CIODM system
<b>Contractor Detail for Monthly Expenditures Report</b> (general ledger/financial system transactions documentation)	Submit contract actual monthly & YTD expenditures report generated from the Contractor's financial management system. Due no later than the 15 <sup>th</sup> of each month for the previous month, uploaded into CIODM system
<b>Semi-Annual OUTCOME Performance Measures report</b> with cumulative YTD client results for numerators, denominators, and percentage rates achieved	October 14, 2018 (initial 6-month report) and April 14, 2019 (final 12-month cumulative YTD report) on forms and following instructions as provided by City
<b>Ryan White Program Services Report (RSR)</b> for calendar year 2017 submitted online into HRSA's EHB system, or as directed	March 2019, or as directed by City – for period January through December 2018
<b>Administrative and Fiscal Review (AFR)</b> Annual report with all required attachments submitted in CIODM or as directed	With Audit (below) or as directed by City
<b>Term Period Closeout Report</b> for this 12-month renewal term	April 14, 2019
<b>Annual Audit/ Financial Report</b> with Management Letter and all related items	No later than 270 calendar days after close of provider agency's fiscal year

# FEDERAL AWARD IDENTIFICATION

1. Subrecipient Name: The Wright House Wellness Center, Inc.
2. Subrecipient's DUNS Number: 842502320
3. Federal Award Identification Number: 2 H89HA000362400
4. Federal Award Date (date the Federal Award is signed by Federal awarding agency official): 1/26/2018
5. Subaward Period of Performance Start and End Date:  
Start Date 3/1/2018  
End Date 2/28/2019
6. Amount of Federal Funds Obligated to (or Contracted for) by this action by the pass-through entity to the Subrecipient: \$287,398
7. Total Amount of Federal Funds Obligated (or Contracted for) to the Subrecipient by the pass-through entity, including the current obligation: \$549,940
8. Total Amount of Federal Award awarded to the pass-through entity: \$1,023,379
9. Federal Award Project Description (please provide a brief, but concise, description of the purpose and intended outcomes of the subaward):  
This grant program provides core medical and support services for eligible clients living with HIV in the grant service area.
10. Name of Federal Awarding Agency, Pass Through Entity, and contact information for Awarding Official:  
Federal Awarding Agency: U.S. Dept. of Health and Human Services, Health Resources and Services Administration  
Pass Through Entity: Austin Public Health, City of Austin  
Awarding Official Contact Information: Stephanie Hayden Interim Department Director (512) 972-5010, [stephanie.hayden@austintexas.gov](mailto:stephanie.hayden@austintexas.gov)
11. CFDA Number and Name: Ryan White Part A HIV Emergency Relief Grant Program CFDA #93.914
12. Is award for Research & Development? No
13. Indirect Cost Rate for the Federal Award: Not Applicable



Amendment No. 2  
to  
Agreement No. NG170000036  
for  
Social Services  
between  
**THE WRIGHT HOUSE WELLNESS CENTER, INC.**  
and the  
**CITY OF AUSTIN**

- 1.0 The City of Austin and the Grantee hereby agree to the Agreement revisions listed below.
- 2.0 The total amount for this Amendment to the Agreement is minus ***Sixty Thousand dollars (-\$60,000)***. The total Agreement amount is recapped below:

Term	Agreement Change Amount	Total Agreement Amount
Basic Term: (March 1, 2017 – Feb. 28, 2018)	n/a	\$ 130,099
Amendment No. 1: Add funds to Agreement and modify Program Exhibits	\$ 191,943	\$ 322,042
Amendment No. 2: Reduce funds in Agreement and modify Program Exhibits	(\$ 60,000)	\$ 262,042

- 3.0 The following changes have been made to the original Agreement EXHIBITS:

**Exhibit A.2 -- Program Performance for HIV Service Category** is deleted in its entirety and replaced with **Exhibit A.2 -- Program Performance for HIV Service Category** [Revised 11/15/2017]

**Exhibit B.1.1 -- Program Budget for HIV Direct Services** deleted in its entirety and replaced with **Exhibit B.1.1 -- Program Budget for HIV Direct Services** [Revised 11/15/2017]

**Exhibit B.1.2 -- Program Budget for HIV Administrative Services** deleted in its entirety and replaced with **Exhibit B.1.2 -- Program Budget for HIV Administrative Services** [Revised 11/15/2017]

**Exhibit B.1.3 -- Program Budget for HIV Combined Services and Narrative** deleted in its entirety and replaced with **Exhibit B.1.3 -- Program Budget for HIV Combined Services and Narrative** [Revised 11/15/2017].

- 4.0 The following Terms and Conditions have been MODIFIED:



Section 4.1 **Agreement Amount.** The Grantee acknowledges and agrees that, notwithstanding any other provision of this Agreement, the maximum amount payable by the City under this Agreement for the initial 12 month term shall not exceed the amount approved by City Council, which is **\$262,042 (Two Hundred Sixty Two Thousand and Forty Two dollars)**, and **\$262,042 (Two Hundred Sixty Two Thousand and Forty Two dollars)** per 12 month extension option, for a total Agreement amount of **\$786,126**. Continuation of the Agreement beyond the initial 12 months is specifically contingent upon the availability and allocation of funding, and authorization by City Council.

4.1.2.1 For the Program Period of 3/1/2017 through 2/28/2018, the payment from the City to the Grantee shall not exceed **\$262,042 (Two Hundred Sixty Two Thousand and Forty Two dollars)**.

5.0 MBE/WBE goals were not established for this Agreement.

6.0 Based on the criteria in the City of Austin Living Wage Resolution #020509-91, the Living Wage requirement does not apply to this Agreement.

7.0 By signing this Amendment, the Grantee certifies that the Grantee and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the Exclusion records found at SAM.gov, the State of Texas, or the City of Austin.

8.0 All other Agreement terms and conditions remain the same.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced Agreement.

**GRANTEE**

Signature: \_\_\_\_\_

**THE WRIGHT HOUSE WELLNESS  
CENTER, INC.**

Lauren Potter, Interim Executive Director  
8101 Cameron Rd., Suite 105  
Austin, TX 78754

Date: \_\_\_\_\_

11/27/17

**CITY OF AUSTIN**

Signature: \_\_\_\_\_

City of Austin  
Purchasing Office  
PO Box 1088  
Austin, TX 78767

Date: \_\_\_\_\_

12/27/17

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outputs****HIV Service Category CS-Medical Case Management****Period Goal****Output Measure Description****Initial/Previous Adjusted Target****How Data Is Compiled**

OP1	For the current award funding, 1,152 units of Part A Medical Case Management services will be provided to eligible clients. 1 unit = 15 minutes of service	1152		1152
	<ul style="list-style-type: none"> <li>•All clients will be assessed for service eligibility.</li> <li>•All clients will have a service plan.</li> <li>•Medical case managers will document client service plan progress in case notes.</li> <li>•Medical case managers will keep a confidential file on all clients.</li> <li>•All clients will be entered into ARIES not more than 5 days after initial intake.</li> </ul>			
OP2	For the current award funding, 16 unduplicated clients will be served.	16		16
	<ul style="list-style-type: none"> <li>•7 new clients will be served</li> <li>•9 continuing clients will be served</li> </ul> <p>MCM will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The Executive Director will input this data into ARIES by the 10th of the month. The Executive Director will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.</p>			

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outcomes****HIV Service Category CS-Medical Case Management**

<b>Outcome Measure Description</b>		<b>Period Goal</b>		
<b>What Data Is Collected</b>				
<b>How Data Is Compiled</b>				
<b>When Data Is Evaluated</b>		<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>
OC1	<p>Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year</p> <p>Outcome target: 80%</p> <p>Numerator: Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year</p> <p>Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year</p> <p>Client Exclusions:</p> <ol style="list-style-type: none"> <li>1. Medical case management clients who initiated medical case management services in the last six months of the measurement year</li> <li>2. Medical case management clients who were discharged from medical case management services prior to six months of service in the measurement year</li> </ol> <p>MCM is responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include:</p> <ul style="list-style-type: none"> <li>•ARIES reports</li> <li>•Medical Care Plan and plan updates documented in client file</li> </ul> <p>Care plan goals will be evaluated and updated according to assessed acuity level.</p> <ul style="list-style-type: none"> <li>•MCM will analyze all MCM client care plans for development and updates indicated by acuity level.</li> <li>•MCM will report data to ED, who will verify data</li> <li>•ARIES, excel spreadsheets, word documents, client files</li> </ul> <p>Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).</p>	13	16	81.25
OC2	<p>Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits.</p> <p>Outcome target: 85%</p> <p>Numerator: Number of medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period</p>	14	16	87.50

Created: 2/24/2017 8:08:00 AM Last Modified: 11/15/2017 11:07:00 AM



## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2017

***Period Performance End*** 2/28/2018

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Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

MCM is responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates
  - Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by MCM and ED.
  - MCM will report data to ED, who will verify data
  - ARIES reports, excel spreadsheets, client file

Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).

***Created:*** 2/24/2017 8:08:00 AM ***Last Modified:*** 11/15/2017 11:07:00 AM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outputs****HIV Service Category SS-Case Management Non-medical****Period Goal****Output Measure Description****Initial/Previous Adjusted Target****How Data Is Compiled**

OP1	For the current award funding, about 1,938 units of Part A Non-Medical Case Management services will be provided to eligible clients. 1 unit of service = 15 minutes of service. •All clients will be assessed for service eligibility •All clients will have a service plan. •Medical case managers will document client service plan progress in case notes. •Medical case managers will keep a confidential file on all clients. •All clients will be entered into ARIES not more than 5 days after initial intake.	1938		1938
OP2	For the current award funding, about 21 unduplicated clients will be served. •13 continuing clients estimated, and •8 new clients estimated Non-Medical Case Managers will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The ED will input this data into ARIES by the 10th of the month and will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.	21		21

Created: 2/24/2017 8:16:00 AM Last Modified: 11/14/2017 10:37:00 AM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outcomes****HIV Service Category SS-Case Management Non-medical****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated****Numerator****Denominator****Target  
Percent**

OC1	Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year Outcome target: 80%	17	21	80.95
Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year.  Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year  Client Exclusions: 1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year 2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year  NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:  •ARIES reports •NMCM care plan updated in client file  •Care plan goals will be evaluated and updated according to assessed acuity level. •NMCM will analyze all NMCM client care plans for development and updates indicated by acuity level. •NMCM will report data to ED, who will verify data •ARIES, excel spreadsheets, word documents, client files  Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.				
OC2	Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits Outcome target: 85%	18	21	85.71

Numerator: Number of non-medical case management clients in the denominator who had at least

Created: 2/24/2017 8:16:00 AM Last Modified: 11/14/2017 10:37:00 AM



## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2017

***Period Performance End*** 2/28/2018

one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates

- Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.

- NMCM will report data to ED, who will verify data

- ARIES reports, excel spreadsheets, client file

Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outputs****HIV Service Category SS-Case Management Non-medical**

<b>Output Measure Description</b>		<b>Period Goal</b>	
		<b>Initial/Previous</b>	<b>Adjusted Target</b>
<b>How Data Is Compiled</b>			
OP1	For the current award funding, about 1,507 units of MAI Non-Medical Case Management services will be provided to eligible clients. 1 unit of service = 15 minutes of service. <ul style="list-style-type: none"> <li>•All clients will be assessed for service eligibility.</li> <li>•All clients will have a service plan.</li> <li>•NMCs will document client service plan progress in case notes.</li> <li>•NMCs will keep a confidential file on all clients.</li> </ul>	1507	1507
OP2	For the current award funding, about 39 unduplicated MAI clients will be served. <ul style="list-style-type: none"> <li>•21 continuing clients estimate and</li> <li>•18 new clients estimated</li> </ul> <p>NMCs will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to Executive Director by the 5th day of the next month for the previous month's activities. The ED will input this data into ARIES by the 10th of the month and will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.</p>	39	39

Created: 2/24/2017 8:20:00 AM Last Modified: 11/14/2017 10:20:00 AM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outcomes****HIV Service Category SS-Case Management Non-medical**

<b>Outcome Measure Description</b>		<b>Period Goal</b>		
<b>What Data Is Collected</b>				
<b>How Data Is Compiled</b>				
<b>When Data Is Evaluated</b>		<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>

OC1	Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year Outcome target: 80%	32	39	82.05
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Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year.

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year

Client Exclusions:

1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year
2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports
- NMCM care plan updated in client file
  - Care plan goals will be evaluated and updated according to assessed acuity level.
  - NMCM will analyze all NMCM client care plans for development and updates indicated by acuity level.
  - NMCM will report data to ED, who will verify data
  - ARIES, excel spreadsheets, word documents, client files

Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

OC2	Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits Outcome target: 85%	34	39	87.18
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Numerator: Number of non-medical case management clients in the denominator who had at least

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## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2017

***Period Performance End*** 2/28/2018

one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates

- Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.

- NMCM will report data to ED, who will verify data.

- ARIES reports, excel spreadsheets, client file

Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

***Created:*** 2/24/2017 8:20:00 AM ***Last Modified:*** 11/14/2017 10:20:00 AM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outputs****HIV Service Category SS-Psychosocial Support****Period Goal****Output Measure Description****Initial/Previous Adjusted Target****How Data Is Compiled**

OP1	For the current award funding, about 1,748 units of service will be provided to eligible clients. 1 unit of service=15 minutes  At the beginning of each session, the therapist has each client sign in on a session tracking log, which is turned in to the case manager. Information included on the log includes client name and date of group session. The case manager enters this information into ARIES. The number of sessions and number of clients seen with funds from Ryan White Part A funds are kept in the ARIES database. A report from ARIES will be able to identify the clients served and number of sessions provided through this grant.	1748		1748
OP2	For the current award funding, about 12 unduplicated clients will be served during the contract year. •4 estimated as continuing clients •8 estimated as new clients  When a client is referred or wants services, the information is entered into ARIES including client name, presenting problems, address, and basic demographics. This information will be used to count total clients. WHWC can determine which client is continuing or new to the group by information in ARIES. A report will be run in ARIES to determine the number of clients who attended sessions and if they were new or continuing clients.	12		12

Created: 3/1/2017 12:19:00 PM Last Modified: 7/27/2017 7:47:00 PM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outcomes****HIV Service Category SS-Psychosocial Support****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated****Numerator****Denominator****Target  
Percent**

OC1	Percentage of psychosocial support services clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits. Outcome target: 80%	9	12	75.00
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Numerator: Number of psychosocial support services clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of psychosocial support services clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

Therapists collect information regarding clients being in primary medical care on the assessment forms which are checked against ARIES data where possible. Clients report to the therapist who if anyone they are receiving medical care from and the last time they received care. Medical care and adherence to medications is often a topic raised at group sessions, and the therapist has ample opportunity to inquire about this issue. The case manager will also be able to find some of this information in ARIES.

Information about medical care is collected on initial assessment and during sessions and entered into ARIES. The Executive Director runs a report on clients in medical care using ARIES.

Data is collected at initial intake, discussed frequently during group meetings, and evaluated quarterly.

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**Program Budget for HIV - Direct Services**

Program Start Date 3/1/2017

Program End Date 2/28/2018

<b>Service Category</b>	<b>Personnel</b>	<b>Fringe</b>	<b>Travel</b>	<b>Equipment</b>	<b>Supplies</b>	<b>Contractuals</b>	<b>Other</b>	<b>Subtotal</b>
CS-Medical Case Management	46,557.00	9,312.00	0.00	0.00	550.00	0.00	6,873.00	<b>63,292.00</b>
SS-Case Management Non-medical	64,571.00	12,914.00	0.00	0.00	904.00	0.00	10,556.00	<b>88,945.00</b>
SS-Psychosocial Support	1,664.00	334.00	0.00	0.00	966.00	8,050.00	2,068.00	<b>13,082.00</b>
SS-Case Management Non-medical	49,868.00	9,974.00	0.00	0.00	791.00	0.00	9,886.00	<b>70,519.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>162,660.00</b>	<b>32,534.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,211.00</b>	<b>8,050.00</b>	<b>29,383.00</b>	<b>235,838.00</b>

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**Program Budget for HIV - Administrative Services**

Program Start Date 3/1/2017

Program End Date 2/28/2018

<b>Service Category</b>	<b>Personnel</b>	<b>Fringe</b>	<b>Travel</b>	<b>Equipment</b>	<b>Supplies</b>	<b>Contractuals</b>	<b>Other</b>	<b>Subtotal</b>
CS-Medical Case Management	3,301.00	660.00	0.00	0.00	0.00	1,122.00	1,949.00	7,032.00
SS-Case Management Non-medical	4,744.00	948.00	0.00	0.00	0.00	1,545.00	2,646.00	9,883.00
SS-Psychosocial Support	0.00	0.00	0.00	0.00	0.00	1,078.00	376.00	1,454.00
SS-Case Management Non-medical	2,851.00	568.00	0.00	0.00	0.00	1,614.00	2,802.00	7,835.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Subtotal</b>	<b>10,896.00</b>	<b>2,176.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5,359.00</b>	<b>7,773.00</b>	<b>26,204.00</b>

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**Program Budget for HIV - Combined Services and Narrative**

Program Start Date 3/1/2017

Program End Date 2/28/2018

<i>Service Category</i>	<i>Personnel</i>	<i>Fringe</i>	<i>Travel</i>	<i>Equipment</i>	<i>Supplies</i>	<i>Contractuals</i>	<i>Other</i>	<i>Subtotal</i>
CS-Medical Case Management	49,858.00	9,972.00	0.00	0.00	550.00	1,122.00	8,822.00	<b>70,324.00</b>
SS-Case Management Non-medical	69,315.00	13,862.00	0.00	0.00	904.00	1,545.00	13,202.00	<b>98,828.00</b>
SS-Psychosocial Support	1,664.00	334.00	0.00	0.00	966.00	9,128.00	2,444.00	<b>14,536.00</b>
SS-Case Management Non-medical	52,719.00	10,542.00	0.00	0.00	791.00	1,614.00	12,688.00	<b>78,354.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>173,556.00</b>	<b>34,710.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,211.00</b>	<b>13,409.00</b>	<b>37,156.00</b>	<b>262,042.00</b>

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## ***Program Budget for HIV - Combined Services and Narrative***

<b><i>Service Category</i></b>	<b><i>Budget Narrative</i></b>
CS-Medical Case Management	Part A - MCM: Salaries, Benefits, Supplies and Other eligible costs for providing this service
SS-Case Management Non-medical	Part A - NMCM: Salaries, Benefits, Supplies and Other eligible costs for providing this service
SS-Psychosocial Support	Part A - Psychosocial: Salaries, Benefits, Supplies and Other eligible costs for providing this service
SS-Case Management Non-medical	MAI - NMCM: Salaries, Benefits, Supplies and Other eligible costs for providing this service

***Created:*** 3/21/2017 2:03:00 PM ***Last Modified:*** 11/15/2017 9:54:00 AM



Amendment No. 1  
to  
Agreement No. NG170000036  
for  
Social Services  
between  
**THE WRIGHT HOUSE WELLNESS CENTER, INC.**  
and the  
**CITY OF AUSTIN**

- 1.0 The City of Austin and the Grantee hereby agree to the Agreement revisions listed below.
- 2.0 The total amount for this Amendment to the Agreement is ***One Hundred Ninety One Thousand Nine Hundred Forty Three dollars (\$191,943)***. The total Agreement amount is recapped below:

Term	Agreement Change Amount	Total Agreement Amount
Basic Term: (March 1, 2017 – Feb. 28, 2018)	n/a	\$ 130,099
Amendment No. 1: Add funds to Agreement and modify Program Exhibits	\$ 191,943	\$ 322,042

- 3.0 The following changes have been made to the original Agreement EXHIBITS:

**Exhibit A.2 -- Program Performance for HIV Service Category** is deleted in its entirety and replaced with **Exhibit A.2 -- Program Performance for HIV Service Category** [Revised 7/27/2017]

**Exhibit B.1.1 -- Program Budget for HIV Direct Services** deleted in its entirety and replaced with **Exhibit B.1.1 -- Program Budget for HIV Direct Services** [Revised 7/19/2017]

**Exhibit B.1.2 -- Program Budget for HIV Administrative Services** deleted in its entirety and replaced with **Exhibit B.1.2 -- Program Budget for HIV Administrative Services** [Revised 7/19/2017]

**Exhibit B.1.3 -- Program Budget for HIV Combined Services and Narrative** deleted in its entirety and replaced with **Exhibit B.1.3 -- Program Budget for HIV Combined Services and Narrative** [Revised 7/19/2017].

- 4.0 The following Terms and Conditions have been MODIFIED:

Section 4.1 **Agreement Amount**. The Grantee acknowledges and agrees that, notwithstanding any other provision of this Agreement, the maximum amount payable by the City under this Agreement for the initial 12 month term shall not exceed the amount approved by City Council, which is **\$322,042 (Three Hundred Twenty Two Thousand and Forty Two dollars)**, and

\$322,042 (Three Hundred Twenty Two Thousand and Forty Two dollars) per 12 month extension option, for a total Agreement amount of \$966,126. Continuation of the Agreement beyond the initial 12 months is specifically contingent upon the availability and allocation of funding, and authorization by City Council.

4.1.2.1 For the Program Period of 3/1/2017 through 2/28/2018, the payment from the City to the Grantee shall not exceed \$322,042 (Three Hundred Twenty Two Thousand and Forty Two dollars).

5.0 MBE/WBE goals were not established for this Agreement.

6.0 Based on the criteria in the City of Austin Living Wage Resolution #020509-91, the Living Wage requirement does not apply to this Agreement.

7.0 By signing this Amendment, the Grantee certifies that the Grantee and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the Exclusion records found at SAM.gov, the State of Texas, or the City of Austin.

8.0 All other Agreement terms and conditions remain the same.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced Agreement.

**GRANTEE**

Signature: \_\_\_\_\_

THE WRIGHT HOUSE WELLNESS  
CENTER, INC.

Lauren Potter, Interim Executive Director  
8101 Cameron Rd., Suite 105  
Austin, TX 78754

Date: \_\_\_\_\_

8/22/17

**CITY OF AUSTIN**

Signature: \_\_\_\_\_

City of Austin  
Purchasing Office  
PO Box 1088  
Austin, TX 78767

Date: \_\_\_\_\_

9/8/17



**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outputs****HIV Service Category CS-Medical Case Management**

<b>Output Measure Description</b>		<b>Period Goal</b>		
		<b>Initial</b>	<b>Adjusted</b>	<b>Target</b>
<b>How Data Is Compiled</b>				
OP1	For the current award funding, 1,235 units of Part A Medical Case Management services will be provided to eligible clients. 1 unit = 15 minutes of service  <ul style="list-style-type: none"> <li>•All clients will be assessed for service eligibility.</li> <li>•All clients will have a service plan.</li> <li>•Medical case managers will document client service plan progress in case notes.</li> <li>•Medical case managers will keep a confidential file on all clients.</li> <li>•All clients will be entered into ARIES not more than 5 days after initial intake.</li> </ul>	1235		1235
OP2	For the current award funding, 18 unduplicated clients will be served.  <ul style="list-style-type: none"> <li>•8 new clients will be served</li> <li>•10 continuing clients will be served</li> </ul> <p>MCM will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The Executive Director will input this data into ARIES by the 10th of the month. The Executive Director will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.</p>	18		18

Created: 2/24/2017 8:08:00 AM Last Modified: 7/27/2017 7:46:00 PM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outcomes****HIV Service Category CS-Medical Case Management**

<b>Outcome Measure Description</b>		<b>Period Goal</b>		
<b>What Data Is Collected</b>				
<b>How Data Is Compiled</b>				
<b>When Data Is Evaluated</b>		<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>
OC1	Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year Outcome target: 80%	14	18	77.78
<p>Numerator: Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year</p> <p>Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year</p> <p>Client Exclusions:</p> <ol style="list-style-type: none"> <li>1. Medical case management clients who initiated medical case management services in the last six months of the measurement year</li> <li>2. Medical case management clients who were discharged from medical case management services prior to six months of service in the measurement year</li> </ol> <p>MCM is responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include:</p> <ul style="list-style-type: none"> <li>•ARIES reports</li> <li>•Medical Care Plan and plan updates documented in client file</li> </ul> <p>Care plan goals will be evaluated and updated according to assessed acuity level.</p> <ul style="list-style-type: none"> <li>•MCM will analyze all MCM client care plans for development and updates indicated by acuity level.</li> <li>•MCM will report data to ED, who will verify data</li> <li>•ARIES, excel spreadsheets, word documents, client files</li> </ul> <p>Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).</p>				
OC2	Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits. Outcome target: 85%	15	18	83.33
<p>Numerator: Number of medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period</p>				

Created: 2/24/2017 8:08:00 AM Last Modified: 7/27/2017 7:46:00 PM

## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2017

***Period Performance End*** 2/28/2018

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Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

MCM is responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates
  - Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by MCM and ED.
  - MCM will report data to ED, who will verify data
  - ARIES reports, excel spreadsheets, client file

Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outputs****HIV Service Category SS-Case Management Non-medical**

		<b>Period Goal</b>		
<b>Output Measure Description</b>		<b>Initial</b>	<b>Adjusted</b>	<b>Target</b>
<b>How Data Is Compiled</b>				
OP1 For the current award funding, about 2,409 units of Part A Non-Medical Case Management services will be provided to eligible clients. 1 unit of service = 15 minutes of service.		2409		2409
<ul style="list-style-type: none"> <li>•All clients will be assessed for service eligibility</li> <li>•All clients will have a service plan.</li> <li>•Medical case managers will document client service plan progress in case notes.</li> <li>•Medical case managers will keep a confidential file on all clients.</li> <li>•All clients will be entered into ARIES not more than 5 days after initial intake.</li> </ul>				
OP2 For the current award funding, about 26 unduplicated clients will be served.		26		26
<ul style="list-style-type: none"> <li>•16 continuing clients estimated, and</li> <li>•10 new clients estimated</li> </ul> <p>Non-Medical Case Managers will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The ED will input this data into ARIES by the 10th of the month and will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.</p>				

Created: 2/24/2017 8:16:00 AM Last Modified: 7/27/2017 7:45:00 PM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outcomes****HIV Service Category SS-Case Management Non-medical****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated**

	Numerator	Denominator	Target Percent
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OC1 Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year  
Outcome target: 80%

20

26

76.92

Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year.

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year

**Client Exclusions:**

1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year
2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports
- NMCM care plan updated in client file
  - Care plan goals will be evaluated and updated according to assessed acuity level.
  - NMCM will analyze all NMCM client care plans for development and updates indicated by acuity level.
  - NMCM will report data to ED, who will verify data
  - ARIES, excel spreadsheets, word documents, client files

Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

OC2 Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits  
Outcome target: 85%

22

26

84.62

Numerator: Number of non-medical case management clients in the denominator who had at least

Created: 2/24/2017 8:16:00 AM Last Modified: 7/27/2017 7:45:00 PM

## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2017

***Period Performance End*** 2/28/2018

one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates
  - Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.
  - NMCM will report data to ED, who will verify data
  - ARIES reports, excel spreadsheets, client file

Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outputs****HIV Service Category SS-Case Management Non-medical**

<b>Output Measure Description</b>		<b>Period Goal</b>		
		<b>Initial</b>	<b>Adjusted</b>	<b>Target</b>
<b>How Data Is Compiled</b>				
OP1	For the current award funding, about 2,092 units of MAI Non-Medical Case Management services will be provided to eligible clients. 1 unit of service = 15 minutes of service. •All clients will be assessed for service eligibility. •All clients will have a service plan. •NMCMS will document client service plan progress in case notes. •NMCMS will keep a confidential file on all clients.	2092		2092
OP2	For the current award funding, about 54 unduplicated MAI clients will be served. •28 continuing clients estimate and •26 new clients estimated NMCMS will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to Executive Director by the 5th day of the next month for the previous month's activities. The ED will input this data into ARIES by the 10th of the month and will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.	54		54

Created: 2/24/2017 8:20:00 AM Last Modified: 7/27/2017 7:46:00 PM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outcomes****HIV Service Category SS-Case Management Non-medical****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated****Numerator Denominator Target Percent**

OC1 Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year  
Outcome target: 80%

Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year.

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year

**Client Exclusions:**

1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year
2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports
- NMCM care plan updated in client file
  - Care plan goals will be evaluated and updated according to assessed acuity level.
  - NMCM will analyze all NMCM client care plans for development and updates indicated by acuity level.
  - NMCM will report data to ED, who will verify data
  - ARIES, excel spreadsheets, word documents, client files

Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

OC2 Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits  
Outcome target: 85%

Numerator: Number of non-medical case management clients in the denominator who had at least

**Created:** 2/24/2017 8:20:00 AM **Last Modified:** 7/27/2017 7:46:00 PM

## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2017

***Period Performance End*** 2/28/2018

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one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates
  - Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.
  - NMCM will report data to ED, who will verify data
  - ARIES reports, excel spreadsheets, client file

Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outputs****HIV Service Category SS-Psychosocial Support**

<b>Output Measure Description</b>		<b>Period Goal</b>		
		<b>Initial</b>	<b>Adjusted</b>	<b>Target</b>
<b>How Data Is Compiled</b>				
OP1	For the current award funding, about 1,748 units of service will be provided to eligible clients. 1 unit of service=15 minutes  At the beginning of each session, the therapist has each client sign in on a session tracking log, which is turned in to the case manager. Information included on the log includes client name and date of group session. The case manager enters this information into ARIES. The number of sessions and number of clients seen with funds from Ryan White Part A funds are kept in the ARIES database. A report from ARIES will be able to identify the clients served and number of sessions provided through this grant.	1748		1748
OP2	For the current award funding, about 12 unduplicated clients will be served during the contract year. •4 estimated as continuing clients •8 estimated as new clients  When a client is referred or wants services, the information is entered into ARIES including client name, presenting problems, address, and basic demographics. This information will be used to count total clients. WHWC can determine which client is continuing or new to the group by information in ARIES. A report will be run in ARIES to determine the number of clients who attended sessions and if they were new or continuing clients.	12		12

Created: 3/1/2017 12:19:00 PM Last Modified: 7/27/2017 7:47:00 PM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outcomes****HIV Service Category SS-Psychosocial Support**

<b>Outcome Measure Description</b>		<b>Period Goal</b>		
<b>What Data Is Collected</b>				
<b>How Data Is Compiled</b>				
<b>When Data Is Evaluated</b>		<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>
OC1	Percentage of psychosocial support services clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits. Outcome target: 80%	9	12	75.00
<p>Numerator: Number of psychosocial support services clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period</p> <p>Denominator: Number of psychosocial support services clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period</p> <p>Client Exclusions: Clients who died at any time during the 12-month measurement period</p> <p>Therapists collect information regarding clients being in primary medical care on the assessment forms which are checked against ARIES data where possible. Clients report to the therapist who if anyone they are receiving medical care from and the last time they received care. Medical care and adherence to medications is often a topic raised at group sessions, and the therapist has ample opportunity to inquire about this issue. The case manager will also be able to find some of this information in ARIES.</p> <p>Information about medical care is collected on initial assessment and during sessions and entered into ARIES. The Executive Director runs a report on clients in medical care using ARIES.</p> <p>Data is collected at initial intake, discussed frequently during group meetings, and evaluated quarterly.</p>				

Created: 3/1/2017 12:19:00 PM Last Modified: 7/27/2017 7:47:00 PM

**Program Budget for HIV - Direct Services**

Program Start Date 3/1/2017

Program End Date 2/28/2018

<b>Service Category</b>	<b>Personnel</b>	<b>Fringe</b>	<b>Travel</b>	<b>Equipment</b>	<b>Supplies</b>	<b>Contractuals</b>	<b>Other</b>	<b>Subtotal</b>
CS-Medical Case Management	50,308.00	10,062.00	0.00	0.00	550.00	0.00	6,873.00	<b>67,793.00</b>
SS-Case Management Non-medical	83,321.00	16,664.00	0.00	0.00	904.00	0.00	10,556.00	<b>111,445.00</b>
SS-Psychosocial Support	1,664.00	333.00	0.00	0.00	966.00	8,050.00	2,068.00	<b>13,081.00</b>
SS-Case Management Non-medical	72,371.00	14,474.00	0.00	0.00	791.00	0.00	9,886.00	<b>97,522.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>207,664.00</b>	<b>41,533.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,211.00</b>	<b>8,050.00</b>	<b>29,383.00</b>	<b>289,841.00</b>

Created: 3/21/2017 2:03:00 PM Last Modified: 7/19/2017 6:45:00 PM



**Program Budget for HIV - Administrative Services**

Program Start Date 3/1/2017

Program End Date 2/28/2018

<i>Service Category</i>	<i>Personnel</i>	<i>Fringe</i>	<i>Travel</i>	<i>Equipment</i>	<i>Supplies</i>	<i>Contractuals</i>	<i>Other</i>	<i>Subtotal</i>
CS-Medical Case Management	3,717.00	743.00	0.00	0.00	0.00	1,122.00	1,949.00	<b>7,531.00</b>
SS-Case Management Non-medical	6,827.00	1,365.00	0.00	0.00	0.00	1,545.00	2,646.00	<b>12,383.00</b>
SS-Psychosocial Support	0.00	0.00	0.00	0.00	0.00	1,078.00	377.00	<b>1,455.00</b>
SS-Case Management Non-medical	5,347.00	1,069.00	0.00	0.00	0.00	1,614.00	2,802.00	<b>10,832.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>15,891.00</b>	<b>3,177.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5,359.00</b>	<b>7,774.00</b>	<b>32,201.00</b>

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**Program Budget for HIV - Combined Services and Narrative**

Program Start Date 3/1/2017

Program End Date 2/28/2018

<i>Service Category</i>	<i>Personnel</i>	<i>Fringe</i>	<i>Travel</i>	<i>Equipment</i>	<i>Supplies</i>	<i>Contractuals</i>	<i>Other</i>	<i>Subtotal</i>
CS-Medical Case Management	54,025.00	10,805.00	0.00	0.00	550.00	1,122.00	8,822.00	75,324.00
SS-Case Management Non-medical	90,148.00	18,029.00	0.00	0.00	904.00	1,545.00	13,202.00	123,828.00
SS-Psychosocial Support	1,664.00	333.00	0.00	0.00	966.00	9,128.00	2,445.00	14,536.00
SS-Case Management Non-medical	77,718.00	15,543.00	0.00	0.00	791.00	1,614.00	12,688.00	108,354.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Subtotal</b>	<b>223,555.00</b>	<b>44,710.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,211.00</b>	<b>13,409.00</b>	<b>37,157.00</b>	<b>322,042.00</b>

Created: 3/21/2017 2:03:00 PM Last Modified: 7/19/2017 6:45:00 PM

## ***Program Budget for HIV - Combined Services and Narrative***

<b><i>Service Category</i></b>	<b><i>Budget Narrative</i></b>
CS-Medical Case Management	Part A - MCM: Salaries, Benefits, Supplies and Other eligible costs for providing this service
SS-Case Management Non-medical	Part A - NMCM: Salaries, Benefits, Supplies and Other eligible costs for providing this service
SS-Psychosocial Support	Part A - Psychosocial: Salaries, Benefits, Supplies and Other eligible costs for providing this service
SS-Case Management Non-medical	MAI - NMCM: Salaries, Benefits, Supplies and Other eligible costs for providing this service

***Created:*** 3/21/2017 2:03:00 PM ***Last Modified:*** 7/19/2017 6:45:00 PM





## **M E M O R A N D U M**

**City of Austin  
Financial Services Department  
Purchasing Office**

**DATE:** 05/09/2017

**TO:** Memo to File

**FROM:** Marty James, Procurement Specialist II

**RE:** MA 9100 NG170000036 The Wright House Wellness Center, Inc.

This contract was created and administered by the Austin Public Health (APH). All original documents are located with the department. The Purchasing Office is not responsible for any procurement action for this contract other the creation of the payment mechanism for accounting purposes.



**AGREEMENT BETWEEN  
THE CITY OF AUSTIN  
AND  
THE WRIGHT HOUSE WELLNESS CENTER, INC.  
FOR  
SOCIAL SERVICES**

**AGREEMENT NO. NG170000036**

**AGREEMENT AMOUNT: \$130,099**

This Agreement is made by and between the City of Austin (the City) acting by and through its Austin Public Health department (APH), a home-rule municipality incorporated by the State of Texas, and The Wright House Wellness Center, Inc. (Grantee), a Texas non-profit corporation, having offices at 8101 Cameron Rd., Suite 105, Austin, TX 78754.

**SECTION 1. GRANT OF AUTHORITY, SERVICES AND DUTIES**

**1.1 Engagement of the Grantee.** Subject to the general supervision and control of the City and subject to the provisions of the Terms and Conditions contained herein, the Grantee is engaged to provide the services set forth in the attached Agreement Exhibits.

**1.2 Responsibilities of the Grantee.** The Grantee shall provide all technical and professional expertise, knowledge, management, and other resources required for accomplishing all aspects of the tasks and associated activities identified in the Agreement Exhibits. The Grantee shall assure that all Agreement provisions are met by any Subgrantee performing services for the Grantee.

**1.3 Responsibilities of the City.** The City's Agreement Manager will be responsible for exercising general oversight of the Grantee's activities in completing the Program Work Statement. Specifically, the Agreement Manager will represent the City's interests in resolving day-to-day issues that may arise during the term of this Agreement, shall participate regularly in conference calls or meetings for status reporting, shall promptly review any written reports submitted by the Grantee, and shall approve all requests for payment, as appropriate. The City's Agreement Manager shall give the Grantee timely feedback on the acceptability of progress and task reports. The Agreement Manager's oversight of the Grantee's activities shall be for the City's benefit and shall not imply or create any partnership or joint venture as between the City and the Grantee.

**1.4 Designation of Key Personnel.** The City's Agreement Manager for this Agreement, to the extent stated in the preceding Section 1.3, shall be responsible for oversight and monitoring of Grantee's performance under this Agreement as needed to represent the City's interest in the Grantee's performance.

**1.4.1 The City's Agreement Manager or designee:**

- may meet with Grantee to discuss any operational issues or the status of the services or work to be performed; and

- shall promptly review all written reports submitted by Grantee, determine whether the reports comply with the terms of this Agreement, and give Grantee timely feedback on the adequacy of progress and task reports or necessary additional information.

1.4.2 Grantee's Agreement Manager, Lauren Potter, Interim Executive Director, or designee, shall represent the Grantee with regard to performance of this Agreement and shall be the designated point of contact for the City's Agreement Manager.

1.4.3 If either party replaces its Agreement Manager, that party shall promptly send written notice of the change to the other party. The notice shall identify a qualified and competent replacement and provide contact information.

## SECTION 2. TERM

2.1 **Term of Agreement.** The Agreement shall be in effect for a term of 12 months beginning March 1, 2017 through February 28, 2018, and may be extended thereafter for up to 2 additional 12 month periods, subject to the approval of the Grantee and the City Purchasing Officer or their designee.

2.1.1 Upon expiration of the initial term or period of extension, the Grantee agrees to hold over under the terms and conditions of this Agreement for such a period of time as is reasonably necessary to re-solicit and/or complete the project (not to exceed 120 calendar days unless mutually agreed upon in writing).

## SECTION 3. PROGRAM WORK STATEMENT

3.1 **Grantee's Obligations.** The Grantee shall fully and timely provide all services described in the attached Agreement Exhibits in strict accordance with the terms, covenants, and conditions of the Agreement and all applicable federal, state, and local laws, rules, and regulations.

## SECTION 4. COMPENSATION AND REPORTING

4.1 **Agreement Amount.** The Grantee acknowledges and agrees that, notwithstanding any other provision of this Agreement, the maximum amount payable by the City under this Agreement for the initial 12 month term shall not exceed the amount approved by City Council, which is **\$130,099 (One Hundred Thirty Thousand and Ninety Nine dollars)**, and \$130,099 (*One Hundred Thirty Thousand and Ninety Nine dollars*) per 12 month extension option, for a total Agreement amount of \$390,297. Continuation of the Agreement beyond the initial 12 months is specifically contingent upon the availability and allocation of funding, and authorization by City Council.

4.1.1 The Grantee shall expend City funds according to the approved budget categories described in Exhibit B.1, Program Budget and Narrative.

4.1.1.1 **Budget Revision:** The Grantee may make transfers between or among the approved budget categories with the City Agreement Manager's prior approval, provided that:

- i. The cumulative amount of the transfers between direct budget categories (Personnel, Operating Expenses, Direct Assistance and/or Equipment/Capital Outlay) is not more than 10% of the program period total –or– \$50,000, whichever is less;
- ii. the transfers will not increase or decrease the total monetary obligation of the City under this Agreement; and
- iii. the transfers will not change the nature, performance level, or scope of the program funded under this Agreement.

4.1.1.2 Transfers between or among the approved budget categories in excess of 10% or more than \$50,000 will require the City Agreement Manager's approval, and must meet all of the conditions outlined in Section 4.1.1.1 (ii) and (iii) above.

- i. The Grantee must submit a Budget Revision Form to the City **prior** to the submission of the Grantee's first monthly billing to the City following the transfer.

4.1.2 Payment to the Grantee shall be made in the following increments:



4.1.2.1 For the Program Period of 3/1/2017 through 2/28/2018, the payment from the City to the Grantee shall not exceed \$130,099 (*One Hundred Thirty Thousand and Ninety Nine dollars*).

**4.2 Requests for Payment.** Payment to the Grantee shall be due 30 calendar days following receipt by the City of Grantee's fully and accurately completed "Payment Request" and "Monthly Expenditure Report", using forms at <http://www.ckodm.com/austin/>. The payment request and expenditure report must be submitted to the City no later than 5:00 p.m. Central Standard Time 15 calendar days following the end of the month covered by the request and expenditure report. If the 15<sup>th</sup> calendar day falls on a weekend or holiday, as outlined in Section 8.24, the deadline to submit the payment request and expenditure report is extended to no later than 5:00 p.m. Central Standard Time of the 1<sup>st</sup> weekday immediately following the weekend or holiday. Grantee must provide the City with supporting documentation for each monthly Payment Request which includes, but not limited to, a report of City Agreement expenditures generated from the Grantee's financial management system. Examples of appropriate supporting documentation **MAY** include, but are not limited to:

- General Ledger Detail report from the Grantee's financial management system
- Profit & Loss Detail report from the Grantee's financial management system
- Check ledger from the Grantee's financial management system
- Payroll reports and summaries, including salary allocation reports and signed timesheets
- Receipts and invoices
- Copies of checks and bank statements showing transactions as cleared

**The City retains right of final approval of any supporting documentation submitted before a Payment Request is approved for processing. Failure to provide supporting documentation acceptable to the City may result in delay or rejection of the Payment Request. The City reserves the right to modify the required supporting documentation, as needed.**

4.2.1 Unless otherwise expressly authorized in the Agreement, the Grantee shall pass through all Subagreement and other authorized expenses at actual cost without markup.

4.2.2 Federal excise taxes, state taxes, or City sales taxes must not be included in the invoiced amount. The City will furnish a tax exemption certificate upon request.

#### **4.3 Payment.**

4.3.1 All requests accepted and approved for payment by the City will be paid within 30 calendar days of the City's receipt of the deliverables or of the invoice, whichever is later. Requests for payment received without the information required in Section 4.2 cannot be processed, will be returned to the Grantee, and City will make no payment in connection with such request.

4.3.2 If payment is not timely made, (per this paragraph), interest shall accrue on the unpaid balance at the lesser of the rate specified in Texas Government Code Section 2251.025 or the maximum lawful rate; except, if payment is not timely made for a reason for which the City may withhold payment hereunder, interest shall not accrue until 10 calendar days after the grounds for withholding payment have been resolved.

4.3.3 The City may withhold or set off the entire payment or part of any payment otherwise due the Grantee to such extent as may be necessary on account of;

4.3.3.1 delivery of unsatisfactory services by the Grantee;

4.3.3.2 third party claims, which are not covered by the insurance which the Grantee is required to provide, are filed or reasonable evidence indicating probable filing of such claims;

4.3.3.3 failure of the Grantee to pay Subgrantees, or for labor, materials or equipment,

4.3.3.4 damage to the property of the City or the City's agents, employees or Grantees, which is not covered by insurance required to be provided by the Grantee;



4.3.3.5 reasonable evidence that the Grantee's obligations will not be completed within the time specified in the Agreement, and that the unpaid balance would not be adequate to cover actual or liquidated damages for the anticipated delay;

4.3.3.6 failure of the Grantee to submit proper payment requests and expenditure reports with all required attachments and supporting documentation;

4.3.3.7 failure of the Grantee to comply with any material provision of the Agreement; or

4.3.3.8 identification of previously reimbursed expenses determined to be unallowable after payment was made.

4.3.4 Notice is hereby given of Article VIII, Section 1 of the Austin City Charter which prohibits the payment of any money to any person, firm or corporation who is in arrears to the City for taxes, and of §2-8-3 of the Austin City Code concerning the right of the City to offset indebtedness owed the City. Payment will be made by check unless the parties mutually agree to payment by electronic transfer of funds.

4.4 **Non-Appropriation.** The awarding or continuation of this Agreement is dependent upon the availability of funding and authorization by Council. The City's payment obligations are payable only and solely from funds appropriated and available for this Agreement. The absence of appropriated or other lawfully available funds shall render the Agreement null and void to the extent funds are not appropriated or available and any deliverables delivered but unpaid shall be returned to the Grantee. The City shall provide the Grantee written notice of the failure of the City to make an adequate appropriation for any fiscal year to pay the amounts due under the Agreement, or the reduction of any appropriation to an amount insufficient to permit the City to pay its obligations under the Agreement. In the event of non- or inadequate appropriation of funds, there will be no penalty or removal fees charged to the City.

4.5 **Travel Expenses.** All approved travel, lodging, and per diem expenses in connection with the Agreement for which reimbursement may be claimed by the Grantee under the terms of the Agreement will be reviewed against the City's Travel Policy and the current United States General Services Administration Domestic Per Diem Rates (Rates) as published and maintained on the Internet at:

<http://www.gsa.gov/portal/category/21287>

No amounts in excess of the Travel Policy or Rates shall be paid. No reimbursement will be made for expenses not actually incurred. Airline fares in excess of coach or economy will not be reimbursed. Mileage charges may not exceed the amount permitted as a deduction in any year under the Internal Revenue Code or Regulation.

#### 4.6 **Final Payment and Close-Out.**

4.6.1 The making and acceptance of final payment will constitute:

4.6.1.1 a waiver of all claims by the City against the Grantee, except claims (1) which have been previously asserted in writing and not yet settled, (2) arising from defective work appearing after final inspection, (3) arising from failure of the Grantee to comply with the Agreement or the terms of any warranty specified herein, regardless of when the cause for a claim is discovered (4) arising from the Grantee's continuing obligations under the Agreement, including but not limited to indemnity and warranty obligations, or (5) arising under the City's right to audit; and

4.6.1.2 a waiver of all claims by the Grantee against the City other than those previously asserted in writing and not yet settled.

#### 4.7 **Financial Terms.**

4.7.1 The City agrees to pay Grantee for services rendered under this Agreement and to reimburse Grantee for actual, eligible expenses incurred and paid in accordance with all terms and conditions of this Agreement. The City shall not be liable to Grantee for any costs incurred by Grantee which are not reimbursable as set forth in Section 4.8.

4.7.2 The City's obligation to pay is subject to the timely receipt of complete and accurate reports as set forth in Section 4.9 and any other deliverable required under this Agreement.

4.7.3 Payments to the Grantee will immediately be suspended upon the occasion of any late, incomplete, or inaccurate report, audit, or other required report or deliverable under this Agreement, and payments will not be resumed until the Grantee is in full compliance.

4.7.4 The City shall not be liable to Grantee for any costs which have been paid under other agreements or from other funds. In addition, the City shall not be liable for any costs incurred by Grantee which were: a) incurred prior to the effective date of this Agreement or outside the Agreement period as referenced in Sections 4.1.2 and 4.8.1., or b) not billed to the City within 5 business days before the due date for the Grantee's annual Contract Progress Report or Contract Closeout Summary Report, whichever is applicable.

4.7.5 Grantee agrees to refund to the City any funds paid under this Agreement which the City determines have resulted in overpayment to Grantee or which the City determines have not been spent by Grantee in accordance with the terms of this Agreement. Refunds shall be made by Grantee within 30 calendar days after a written refund request is submitted by the City. The City may, at its discretion, offset refunds due from any payment due Grantee, and the City may also deduct any loss, cost, or expense caused by Grantee from funds otherwise due.

4.7.6 Grantee shall deposit and maintain all funds received under this Agreement in either a separate numbered bank account or a general operating account, either of which shall be supported with the maintenance of a separate accounting with a specific chart which reflects specific revenues and expenditures for the monies received under this Agreement. The Grantee's accounting system must identify the specific expenditures, or portions of expenditures, against which funds under this Agreement are disbursed. Grantee must be able to produce an accounting system-generated report of exact expenses or portions of expenses charged to the City for any given time period.

4.7.7 Grantee is required to utilize an online Agreement management system for billing and reporting in accordance with the City's guidelines, policies, and procedures. Grantee is responsible for all data entered/edited under its unique username, as well as all required but omitted data.

4.7.8 Grantee shall expend the City budget in a reasonable manner in relation to Agreement time elapsed and/or Agreement program service delivery schedule. If cumulative expenditures are not within acceptable amounts, the City may require the Grantee to: 1) submit an expenditure plan, and/or 2) amend the Agreement budget amount to reflect projected expenditures, as determined by the City.

#### **4.8 Allowable and Unallowable Costs.**

The City shall make the final determination of whether a cost is allowable or unallowable under this Agreement.

4.8.1 Reimbursement Only. Expenses and/or expenditures shall be considered reimbursable only if incurred during the current Program Period identified in Section 4.1.2, directly and specifically in the performance of this Agreement, and in conformance with the Agreement Exhibits. Grantee agrees that, unless otherwise specifically provided for in this Agreement, payment by the City under the terms of this Agreement is made on a reimbursement basis only; Grantee must have incurred and paid costs prior to those costs being invoiced and considered allowable under this Agreement and subject to payment by the City. Expenses incurred during the Program Period may be paid up to 30 days after the end of the Program Period and included in the Final Payment Request for the Program Period, which shall be due no later than 5 p.m. CST 5 business days before the due date for the Grantee's annual Contract Progress Report or Contract Closeout Summary Report, whichever is applicable.

4.8.2 To be allowable under this Agreement, a cost must meet all of the following general criteria:

1. Be reasonable for the performance of the activity under the Agreement.
2. Conform to any limitations or exclusions set forth in this Agreement.
3. Be consistent with policies and procedures that apply uniformly to both government-financed and other activities of the organization.



4. Be determined and accounted in accordance with generally accepted accounting principles (GAAP).
5. Be adequately documented.

4.8.3 The City's prior written authorization is required in order for the following to be considered allowable costs. Inclusion in the budget within this Agreement constitutes "written authorization." The item shall be specifically identified in the budget. The City shall have the authority to make the final determination as to whether an expense is an allowable cost.

1. Alteration, construction, or relocation of facilities
2. Cash payments, including cash equivalent gift cards such as Visa, MasterCard and American Express
3. Equipment and other capital expenditures.
4. Interest, other than mortgage interest as part of a pre-approved budget under this Agreement
5. Organization costs (costs in connection with the establishment or reorganization of an organization)
6. Purchases of tangible, nonexpendable property, including fax machines, stereo systems, cameras, video recorder/players, microcomputers, software, printers, microscopes, oscilloscopes, centrifuges, balances and incubator, or any other item having a useful life of more than one year and an acquisition cost, including freight, of over \$5,000
7. Selling and marketing
8. Travel/training outside Travis County

4.8.4 The following types of expenses are specifically **not allowable** with City funds under this Agreement. The City shall have the authority to make the final determination as to whether an expense is an allowable cost.

1. Alcoholic beverages
2. Bad debts
3. Compensation of trustees, directors, officers, or advisory board members, other than those acting in an executive capacity
4. Contingency provisions (funds). (Self-insurance reserves and pension funds are allowable.)
5. Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringement
6. Deferred costs
7. Depreciation
8. Donations and contributions including donated goods or space
9. Entertainment costs, other than expenses related to client incentives
10. Fines and penalties (including late fees)
11. Fundraising and development costs
12. Goods or services for officers' or employees' personal use
13. Housing and personal living expenses for organization's officers or employees
14. Idle facilities and idle capacity
15. Litigation-related expenses (including personnel costs) in action(s) naming the City as a Defendant
16. Lobbying or other expenses related to political activity
17. Losses on other agreements or casualty losses
18. Public relations costs, except reasonable, pre-approved advertising costs related directly to services provided under this Agreement
19. Taxes, other than payroll and other personnel-related levies
20. Travel outside of the United States of America

#### 4.9 **Reports.**

4.9.1 Grantee must submit a fully and accurately completed "Payment Request" and "Monthly Expenditure Report" to the City's Agreement Manager using the forms shown at <http://www.ctkodm.com/austin/> by the deadline outlined in Section 4.2. Grantee must provide complete and accurate supporting documentation. Upon receipt and approval by the City of each

complete and accurate Payment Request and Monthly Expenditure Report, the City shall process payment to the Grantee in an amount equal to the City's payment obligations, subject to deduction for any unallowable costs.

4.9.2 Grantee shall submit a quarterly performance report using the format and method specified by the City no later than 5:00 p.m. Central Time 15 calendar days following each calendar quarter. If the 15<sup>th</sup> calendar day falls on a weekend or holiday, as outlined in Section 8.24, the deadline to submit the quarterly performance report is extended to no later than 5:00 p.m. Central Standard Time of the 1<sup>st</sup> weekday immediately following the weekend or holiday. Grantee shall provide complete and accurate supporting documentation upon request by City. Payment Requests will not be approved if any accurate and complete performance report, including any required documentation, is past due. Performance reports on a frequency other than quarterly may be required by the City based upon business needs.

4.9.3 An annual Contract Progress Report, using the forms shown at <http://www.ckodm.com/austin/>, shall be completed by the Grantee and submitted to the City within 60 calendar days following the end of each Program Period identified in Section 4.1.2.

4.9.4 A Contract Closeout Summary Report using the forms shown at <http://www.ckodm.com/austin/> shall be completed by the Grantee and submitted to the City within 60 calendar days following the expiration or termination of this Agreement. Any encumbrances of funds incurred prior to the date of termination of this Agreement shall be subject to verification by the City. Upon termination of this Agreement, any unused funds, unobligated funds, rebates, credits, or interest earned on funds received under this Agreement shall be returned to the City.

4.9.5 Grantee shall provide the City with a copy of the completed Administrative and Fiscal Review (AFR) using the forms shown at <http://www.ckodm.com/austin/>, and required AFR Attachments, including a copy of the Grantee's completed Internal Revenue Service Form 990 or 990EZ (Return of Organization Exempt from Income Tax) if applicable, for each calendar year to be due in conjunction with submission of the Grantee's annual financial audit report or financial review report as outlined in Section 4.12.4. If Grantee filed a Form 990 or Form 990EZ extension request, Grantee shall provide the City with a copy of that application of extension of time to file (IRS Form 2758) within 30 days of filing said form(s), and a copy of the final IRS Form 990 document(s) immediately upon completion.

4.9.6 Grantee shall provide other reports required by the City to document the effective and appropriate delivery of services as outlined under this Agreement as required by the City.

#### **4.10 Grantee Policies and Procedures.**

4.10.1 Grantee shall maintain written policies and procedures approved by its governing body and shall make copies of all policies and procedures available to the City upon request. At a minimum, written policies shall exist in the following areas: Financial Management; Subcontracting and/or Procurement; Equal Employment Opportunity; Personnel and Personnel Grievance; Nepotism; Non-Discrimination of Clients; Client Grievance; Drug Free Workplace; the Americans with Disabilities Act; Conflict of Interest; Whistleblower; and Criminal Background Checks.

4.10.2 Grantee shall provide the City with copies of revised Articles of Incorporation and Doing Business As (DBA) certificates (if applicable) within 14 calendar days of receipt of the notice of filing by the Secretary of State's office. Grantee shall provide the City with copies of revised By-Laws within 14 calendar days of their approval by the Grantee's governing body.

#### **4.11 Monitoring and Evaluation.**

4.11.1 Grantee agrees that the City or its designee may carry out monitoring and evaluation activities to ensure adherence by the Grantee and Subgrantees to the Program Work Statement, Program Performance Measures, and Program Budget, as well as other provisions of this Agreement. Grantee shall fully cooperate in any monitoring or review by the City and further agrees to designate a staff member to coordinate monitoring and evaluation activities.



4.11.2 The City expressly reserves the right to monitor client-level data related to services provided under this Agreement. If the Grantee asserts that client-level data is legally protected from disclosure to the City, a specific and valid legal reference to this assertion must be provided and is subject to acceptance by the City's Law Department.

4.11.3 Grantee shall provide the City with copies of all evaluation or monitoring reports received from other funding sources during the Agreement Term upon request following the receipt of the final report.

4.11.4 Grantee shall keep on file copies of all notices of Board of Directors meetings, Subcommittee or Advisory Board meetings, and copies of approved minutes of those meetings.

#### **4.12 Financial Audit of Grantee.**

4.12.1 In the event Grantee expends \$750,000 or more in a year in federal awards, Grantee shall have a single or program specific audit conducted in accordance with Chapter 200, Subpart F, of Title 2 of the Code of Federal Regulations as required by the Single Audit Act of 1984, as amended (Single Audit Act), and shall submit to the City a complete set of audited financial statements and the auditor's opinion and management letters in accordance with Chapter 200, Subpart F, of Title 2 of the Code of Federal Regulations and any guidance issued by the federal Office of Management and Budget covering Grantee's fiscal year until the end of the term of this Agreement.

4.12.2 If Grantee is not subject to the Single Audit Act, and expends \$750,000 or more during the Grantee's fiscal year, then Grantee shall have a full financial audit performed in accordance with Generally Accepted Auditing Standards (GAAS). If less than \$750,000 is expended, then a financial review is acceptable, pursuant to the requirements of this Agreement.

4.12.3 Grantee shall contract with an independent auditor utilizing a Letter of Engagement. The auditor must be a Certified Public Accountant recognized by the regulatory authority of the State of Texas.

4.12.4 Grantee must submit 1 Board-approved, bound hard copy of a complete financial audit report or financial review report, to include the original auditor Opinion Letter/Independent Auditor's Report within 270 calendar days of the end of Grantee's fiscal year, unless alternative arrangements are approved in writing by the City. The financial audit report or financial review report must include the Management Letter/Internal Controls Letter, if one was issued by the auditor. Grantee may not submit electronic copies of financial audit reports or financial review reports to the City. Financial audit reports or financial review reports must be provided in hard copy, and either mailed or hand-delivered to the City.

4.12.5 The City will contact the independent auditor to verify:

- i. That the auditor completed the financial audit report/financial review report received from the Grantee;
- ii. That the auditor presented the financial audit report/financial review report to the Grantee's Board of Directors or a committee of the Board, and;
- iii. The date the financial audit report/financial review report was presented to the Grantee's Board of Directors or a committee of the Board.

4.12.6 The City will contact the Board Chair to verify that the auditor presented the financial audit report/financial review report to the Grantee's Board of Directors or a committee of the Board.

- i. Grantee's Board Chair must submit a signed and dated copy of the APH Board Certification form to the City as verification.

A signed and dated copy of the APH Board Certification form will be due to the City with the financial audit report/financial review report. The City will deem the financial audit report/financial review report incomplete if the Grantee fails to submit the Board Certification form, as required by this Section.



4.12.7 The inclusion of any Findings or a Going Concern Uncertainty, as defined by Chapter 200, Subpart F, of Title 2 of the Code of Federal Regulations and GAAS, in a Grantee's audit requires the creation and submission to the City of a corrective action plan formally approved by the Grantee's governing board. The plan must be submitted to the City within 60 days after the audit is submitted to the City. Failure to submit an adequate plan to the City may result in the immediate suspension of funding. If adequate improvement related to the audit findings is not documented within a reasonable period of time, the City may provide additional technical assistance, refer the Agreement to the City Auditor for analysis, or move to terminate the Agreement as specified in Section 5 of the Agreement.

4.12.8 The expiration or termination of this Agreement shall in no way relieve the Grantee of the audit requirement set forth in this Section.

**4.12.9 Right To Audit By Office of City Auditor.**

4.12.9.1 Grantee agrees that the representatives of the Office of the City Auditor, or other authorized representatives of the City, shall have access to, and the right to audit, examine, and copy any and all records of the Grantee related to the performance under this Agreement during normal business hours (Monday – Friday, 8 am – 5 pm). In addition to any other rights of termination or suspension set forth herein, the City shall have the right to immediately suspend the Agreement, upon written notice to Grantee, if Grantee fails to cooperate with this audit provision. The Grantee shall retain all such records for a period of 5 years after the expiration or early termination of this Agreement or until all audit and litigation matters that the City has brought to the attention of the Grantee are resolved, whichever is longer. The Grantee agrees to refund to the City any overpayments disclosed by any such audit.

4.12.9.2 Grantee shall include this audit requirement in any subagreements entered into in connection with this Agreement.

**4.13 Ownership of Property.**

4.13.1 Ownership title to all capital acquisition, supplies, materials or any other property purchased with funds received under this Agreement and in accordance with the provisions of the Agreement, is vested with the City and such property shall, upon termination of the Agreement, be delivered to the City upon request.

4.13.2 Written notification must be given to the City within 5 calendar days of delivery of nonexpendable property (defined as anything that has a life or utility of more than 1 year and an acquisition cost, including freight, of over \$5,000 in order for the City to effect identification and recording for inventory purposes. Grantee shall maintain adequate accountability and control over such property, maintain adequate property records, perform an annual physical inventory of all such property, and report this information in the Annual Agreement Progress Report, due 60 days after the end of each Program Period, as well as in the Agreement Closeout Summary Report, due 60 days after the end of the Agreement Term.

4.13.3 In the event Grantee's services are retained under a subsequent agreement, and should Grantee satisfactorily perform its obligations under this Agreement, Grantee shall be able to retain possession of non-expendable property purchased under this Agreement for the duration of the subsequent agreement.

4.13.4 Property purchased with City funds shall convey to the Grantee 2 years after purchase, unless notified by the City in writing.

**SECTION 5. TERMINATION**

**5.1 Right To Assurance.** Whenever one party to the Agreement in good faith has reason to question the other party's intent to perform, demand may be made to the other party for written assurance of the intent to

perform. In the event that no assurance is given within the time specified after demand is made, the demanding party may treat this failure as an anticipatory repudiation of the Agreement.

**5.2 Default.** The Grantee shall be in default under the Agreement if the Grantee (a) fails to fully, timely and faithfully perform any of its material obligations under the Agreement, (b) fails to provide adequate assurance of performance under the "Right to Assurance" paragraph herein, (c) becomes insolvent or seeks relief under the bankruptcy laws of the United States or (d) makes a material misrepresentation in Grantee's Offer, or in any report or deliverable required to be submitted by Grantee to the City.

**5.3 Termination For Cause.** In the event of a default by the Grantee, the City shall have the right to terminate the Agreement for cause, by written notice effective 10 calendar days, unless otherwise specified, after the date of such notice, unless the Grantee, within such 10 day period, cures such default, or provides evidence sufficient to prove to the City's reasonable satisfaction that such default does not, in fact, exist. The City may place Grantee on probation for a specified period of time within which the Grantee must correct any non-compliance issues. Probation shall not normally be for a period of more than 9 months; however, it may be for a longer period, not to exceed 1 year depending on the circumstances. If the City determines the Grantee has failed to perform satisfactorily during the probation period, the City may proceed with suspension. In the event of a default by the Grantee, the City may suspend or debar the Grantee in accordance with the "City of Austin Purchasing Office Probation, Suspension and Debarment Rules for Vendors" and remove the Grantee from the City's vendor list for up to 5 years and any Offer submitted by the Grantee may be disqualified for up to 5 years. In addition to any other remedy available under law or in equity, the City shall be entitled to recover all actual damages, costs, losses and expenses, incurred by the City as a result of the Grantee's default, including, without limitation, cost of cover, reasonable attorneys' fees, court costs, and prejudgment and post-judgment interest at the maximum lawful rate. All rights and remedies under the Agreement are cumulative and are not exclusive of any other right or remedy provided by law.

**5.4 Termination Without Cause.** The City shall have the right to terminate the Agreement, in whole or in part, without cause any time upon 30 calendar-days prior written notice. Upon receipt of a notice of termination, the Grantee shall promptly cease all further work pursuant to the Agreement, with such exceptions, if any, specified in the notice of termination. The City shall pay the Grantee, to the extent of funds appropriated or otherwise legally available for such purposes, for all goods delivered and services performed and obligations incurred prior to the date of termination in accordance with the terms hereof.

**5.5 Fraud.** Fraudulent statements by the Grantee on any Offer or in any report or deliverable required to be submitted by the Grantee to the City shall be grounds for the termination of the Agreement for cause by the City and may result in legal action.

## **SECTION 6. OTHER DELIVERABLES**

**6.1 Insurance.** The following insurance requirements apply.

### **6.1.1 General Requirements**

**6.1.1.1** The Grantee shall at a minimum carry insurance in the types and amounts indicated herein for the duration of the Agreement and during any warranty period.

**6.1.1.2** The Grantee shall provide a Certificate of Insurance as verification of coverages required below to the City at the below address prior to Agreement execution and within 14 calendar days after written request from the City.

**6.1.1.3** The Grantee must also forward a Certificate of Insurance to the City whenever a previously identified policy period has expired, or an extension option or holdover period is exercised, as verification of continuing coverage.

**6.1.1.4** The Grantee shall not commence work until the required insurance is obtained and has been reviewed by the City. Approval of insurance by the City shall not relieve or decrease

the liability of the Grantee hereunder and shall not be construed to be a limitation of liability on the part of the Grantee.

6.1.1.5 The Grantee must maintain and make available to the City, upon request, Certificates of Insurance for all Subgrantees.

6.1.1.6 The Grantee's and all Subgrantees' insurance coverage shall be written by companies licensed to do business in the State of Texas at the time the policies are issued and shall be written by companies with A.M. Best ratings of B+VII or better. The City will accept workers' compensation coverage written by the Texas Workers' Compensation Insurance Fund.

6.1.1.7 All endorsements naming the City as additional insured, waivers, and notices of cancellation endorsements as well as the Certificate of Insurance shall contain the Grantee's email address, and shall be mailed to the following address:

City of Austin  
Austin Public Health  
ATTN: Contract Management Team  
P. O. Box 1088  
Austin, Texas 78767

6.1.1.8 The "other" insurance clause shall not apply to the City where the City is an additional insured shown on any policy. It is intended that policies required in the Agreement, covering both the City and the Grantee, shall be considered primary coverage as applicable.

6.1.1.9 If insurance policies are not written for amounts specified, the Grantee shall carry Umbrella or Excess Liability Insurance for any differences in amounts specified. If Excess Liability Insurance is provided, it shall follow the form of the primary coverage.

6.1.1.10 The City shall be entitled, upon request, at an agreed upon location, and without expense, to review certified copies of policies and endorsements thereto and may make any reasonable requests for deletion or revision or modification of particular policy terms, conditions, limitations, or exclusions except where policy provisions are established by law or regulations binding upon either of the parties hereto or the underwriter on any such policies.

6.1.1.11 The City reserves the right to review the insurance requirements set forth during the effective period of the Agreement and to make reasonable adjustments to insurance coverage, limits, and exclusions when deemed necessary and prudent by the City based upon changes in statutory law, court decisions, the claims history of the industry or financial condition of the insurance company as well as the Grantee.

6.1.1.12 The Grantee shall not cause any insurance to be canceled nor permit any insurance to lapse during the term of the Agreement or as required in the Agreement.

6.1.1.13 The Grantee shall be responsible for premiums, deductibles and self-insured retentions, if any, stated in policies. All deductibles or self-insured retentions shall be disclosed on the Certificate of Insurance.

6.1.1.14 The Grantee shall endeavor to provide the City 30 calendar-days written notice of erosion of the aggregate limits below occurrence limits for all applicable coverages indicated within the Agreement.

**6.1.2 Specific Coverage Requirements.** The Grantee shall at a minimum carry insurance in the types and amounts indicated below for the duration of the Agreement, including extension options and hold over periods, and during any warranty period. These insurance coverages are required minimums and are not intended to limit the responsibility or liability of the Grantee.



**6.1.2.1 Commercial General Liability Insurance.** The minimum bodily injury and property damage per occurrence are \$500,000\* for coverages A (Bodily Injury and Property Damage) and B (Personal and Advertising Injuries). The policy shall contain the following provisions and endorsements.

- 6.1.2.1.1 Blanket contractual liability coverage for liability assumed under the Agreement and all other Agreements related to the project
- 6.1.2.1.2 Independent Grantee's Coverage
- 6.1.2.1.3 Products/Completed Operations Liability for the duration of the warranty period
- 6.1.2.1.4 Waiver of Subrogation, Endorsement CG 2404, or equivalent coverage
- 6.1.2.1.5 Thirty calendar-days' Notice of Cancellation, Endorsement CG 0205, or equivalent coverage
- 6.1.2.1.6 The "City of Austin" listed as an additional insured, Endorsement CG 2010, or equivalent coverage
- 6.1.2.1.7 If care of a child is provided outside the presence of a legal guardian or parent, Grantee shall provide coverage for sexual abuse and molestation for a minimum limit of \$500,000 per occurrence.
- 6.1.2.1.8 The policy shall be endorsed to cover injury to a child while the child is in the care of the Grantee or Subgrantee.

\* **Supplemental Insurance Requirement.** If eldercare, childcare, or housing for clients is provided, the required limits shall be \$1,000,000 per occurrence.

**6.1.2.2 Business Automobile Liability Insurance.**

Minimum limits: \$500,000 combined single limit per occurrence for all owned, hired and non-owned autos

- a. If any form of transportation for clients is provided, coverage for all owned, non-owned, and hired vehicles shall be maintained with a combined single limit of \$1,000,000 per occurrence.
- b. If no client transportation is provided but autos are used within the scope of work, and there are no agency owned vehicles, evidence of Personal Auto Policy coverage from each person using their auto may be provided. The following limits apply for personal auto insurance: \$100,000/\$300,000/\$100,000.

All policies shall contain the following endorsements:

- 6.1.2.2.1. Waiver of Subrogation, Endorsement CA 0444, or equivalent coverage
- 6.1.2.2.2. Thirty calendar-days' Notice of Cancellation, Endorsement CA 0244, or equivalent coverage
- 6.1.2.2.3 The "City of Austin" listed as an additional insured, Endorsement CA 2048, or equivalent coverage

**6.1.2.3 Worker's Compensation and Employers' Liability Insurance.** Coverage shall be consistent with statutory benefits outlined in the Texas Worker's Compensation Act (Section 401). The minimum policy limits for Employer's Liability are \$100,000 bodily injury each accident, \$500,000 bodily injury by disease policy limit and \$100,000 bodily injury by disease each employee. The policy shall contain the following provisions and endorsements:

6.1.2.3.1 The Grantee's policy shall apply to the State of Texas

6.1.2.3.2 Waiver of Subrogation, Form WC 420304, or equivalent coverage

6.1.2.3.3 Thirty calendar-days' Notice of Cancellation, Form WC 420601, or equivalent coverage

**6.1.2.4 Professional Liability Insurance.**

6.1.2.4.1 Grantee shall provide coverage at a minimum limit of \$500,000 per claim to pay on behalf of the assured all sums which the assured shall become legally obligated to pay as damages by reason of any negligent act, error, or omission arising out of the performance of professional services under this Agreement.

6.1.2.4.2 If coverage is written on a claims-made basis, the retroactive date shall be prior to or coincident with the date of the Agreement and the certificate of insurance shall state that the coverage is claims-made and indicate the retroactive date. This coverage shall be continuous and will be provided for 24 months following the completion of the Agreement.

6.1.2.5 **Blanket Crime Policy Insurance.** A Blanket Crime Policy shall be required with limits equal to or greater than the sum of all Agreement funds allocated by the City. Acceptance of alternative limits shall be approved by Risk Management.

6.1.2.6 **Directors and Officers Insurance.** Directors and Officers Insurance with a minimum of not less than \$1,000,000 per claim shall be in place for protection from claims arising out of negligent acts, errors or omissions for directors and officers while acting in their capacities as such. If coverage is underwritten on a claims-made basis, the retroactive date shall be coincident with or prior to the date of the Agreement and the certificate of insurance shall state that the coverage is claims made and the retroactive date. The coverage shall be continuous for the duration of the Agreement and for not less than 24 months following the end of the Agreement. Coverage, including renewals, shall have the same retroactive date as the original policy applicable to the Agreement or evidence of prior acts or an extended reporting period acceptable to the City may be provided. The Grantee shall, on at least an annual basis, provide the City with a Certificate of Insurance as evidence of such insurance.

6.1.2.7 **Property Insurance.** If the Agreement provides funding for the purchase of property or equipment the Grantee shall provide evidence of all risk property insurance for a value equivalent to the replacement cost of the property or equipment.

6.1.2.8 **Endorsements.** The specific insurance coverage endorsements specified above, or their equivalents, must be provided. In the event that endorsements, which are the equivalent of the required coverage, are proposed to be substituted for the required coverage, copies of the equivalent endorsements must be provided for the City's review and approval.

6.1.2.9 **Certificate.** The following statement must be shown on the Certificate of Insurance.

"The City of Austin is an Additional Insured on the general liability and the auto liability policies. A Waiver of Subrogation is issued in favor of the City of Austin for general liability, auto liability and workers compensation policies."

**6.2 Equal Opportunity.**

6.2.1 **Equal Employment Opportunity.** No Grantee or Grantee's agent shall engage in any discriminatory employment practice as defined in Chapter 5-4 of the City Code. No Bid submitted to

the City shall be considered, nor any Purchase Order issued, or any Agreement awarded by the City unless the Grantee has executed and filed with the City Purchasing Office a current Non-Discrimination Certification. The Grantee shall sign and return the Non-Discrimination Certification attached hereto as Exhibit C. Non-compliance with Chapter 5-4 of the City Code may result in sanctions, including termination of the Agreement and the Grantee's suspension or debarment from participation on future City Agreements until deemed compliant with Chapter 5-4. Any Subgrantees used in the performance of this Agreement and paid with City funds must comply with the same nondiscrimination requirements as the Grantee.

**6.2.2 Americans with Disabilities Act (ADA) Compliance.** No Grantee, or Grantee's agent shall engage in any discriminatory employment practice against individuals with disabilities as defined in the ADA.

**6.3 Inspection of Premises.** The City has the right to enter Grantee's and Subgrantee's work facilities and premises during Grantee's regular work hours, and Grantee agrees to facilitate a review of the facilities upon reasonable request by the City.

**6.4 Rights to Proposal and Contractual Material.** All material submitted by the Grantee to the City shall become property of the City upon receipt. Any portions of such material claimed by the Grantee to be proprietary must be clearly marked as such. Determination of the public nature of the material is subject to the Texas Public Information Act, Chapter 552, Texas Government Code.

**6.5 Publications.** All published material and written reports submitted under the Agreement must be originally developed material unless otherwise specifically provided in the Agreement. When material not originally developed is included in a report in any form, the source shall be identified.

## **SECTION 7. WARRANTIES**

**7.1 Authority.** Each party warrants and represents to the other that the person signing this Agreement on its behalf is authorized to do so, that it has taken all action necessary to approve this Agreement, and that this Agreement is a lawful and binding obligation of the party.

**7.2 Performance Standards.** Grantee warrants and represents that all services provided under this Agreement shall be fully and timely performed in a good and workmanlike manner in accordance with generally accepted community standards and, if applicable, professional standards and practices. Grantee may not limit, exclude, or disclaim this warranty or any warranty implied by law, and any attempt to do so shall be without force or effect. If the Grantee is unable or unwilling to perform its services in accordance with the above standard as required by the City, then in addition to any other available remedy, the City may reduce the amount of services it may be required to purchase under the Agreement from the Grantee, and purchase conforming services from other sources. In such event, the Grantee shall pay to the City upon demand the increased cost, if any, incurred by the City to procure such services from another source. Grantee agrees to participate with City staff to update the performance measures.

## **SECTION 8. MISCELLANEOUS**

**8.1 Criminal Background Checks.** Grantee and Subgrantee(s) agree to perform a criminal background check on individuals providing direct client services in programs designed for children under 18 years of age, seniors 55 years of age and older, or persons with Intellectual and Developmental Disabilities (IDD). Grantee shall not assign or allow an individual to provide direct client service in programs designed for children under 18 years of age, seniors 55 years of age and older, or persons with IDD if the individual would be barred from contact under the applicable program rules established by Title 40 of the Texas Administrative Code.

**8.2 Compliance with Health, Safety, and Environmental Regulations.** The Grantee, its Subgrantees, and their respective employees, shall comply fully with all applicable federal, state, and local health, safety, and environmental laws, ordinances, rules and regulations in the performance of the services, including but not limited to those promulgated by the City and by the Occupational Safety and Health Administration



(OSHA). In case of conflict, the most stringent safety requirement shall govern. The Grantee shall indemnify and hold the City harmless from and against all claims, demands, suits, actions, judgments, fines, penalties and liability of every kind arising from the breach of the Grantee's obligations under this paragraph.

8.2.1 The Grantee or Subgrantee(s) seeking an exemption for a food enterprise permit fee must present this signed and executed social services Agreement upon request to the City. (Source: *City of Austin Ordinance 20051201-013*)

8.3 **Stop Work Notice.** The City may issue an immediate Stop Work Notice in the event the Grantee is observed performing in a manner that the City reasonably believes is in violation of federal, state, or local guidelines, or in a manner that is determined by the City to be unsafe to either life or property. Upon notification, the Grantee will cease all work until notified by the City that the violation or unsafe condition has been corrected. The Grantee shall be liable for all costs incurred by the City as a result of the issuance of such Stop Work Notice.

#### 8.4 **Indemnity.**

##### 8.4.1 Definitions:

8.4.1.1 "Indemnified Claims" shall include any and all claims, demands, suits, causes of action, judgments and liability of every character, type or description, including all reasonable costs and expenses of litigation, mediation or other alternate dispute resolution mechanism, including attorney and other professional fees for:

8.4.1.1.1 damage to or loss of the property of any person (including, but not limited to the City, the Grantee, their respective agents, officers, employees and Subgrantees; the officers, agents, and employees of such Subgrantees; and third parties); and/or;

8.4.1.1.2 death, bodily injury, illness, disease, worker's compensation, loss of services, or loss of income or wages to any person (including but not limited to the agents, officers and employees of the City, the Grantee, the Grantee's Subgrantees, and third parties),

8.4.1.2 "Fault" shall include the sale of defective or non-conforming deliverables, negligence, willful misconduct, or a breach of any legally imposed strict liability standard.

8.4.2 THE GRANTEE SHALL DEFEND (AT THE OPTION OF THE CITY), INDEMNIFY, AND HOLD THE CITY, ITS SUCCESSORS, ASSIGNS, OFFICERS, EMPLOYEES AND ELECTED OFFICIALS HARMLESS FROM AND AGAINST ALL INDEMNIFIED CLAIMS DIRECTLY ARISING OUT OF, INCIDENT TO, CONCERNING OR RESULTING FROM THE FAULT OF THE GRANTEE, OR THE GRANTEE'S AGENTS, EMPLOYEES OR SUBGRANTEES, IN THE PERFORMANCE OF THE GRANTEE'S OBLIGATIONS UNDER THE AGREEMENT. NOTHING HEREIN SHALL BE DEEMED TO LIMIT THE RIGHTS OF THE CITY OR THE GRANTEE (INCLUDING, BUT NOT LIMITED TO, THE RIGHT TO SEEK CONTRIBUTION) AGAINST ANY THIRD PARTY WHO MAY BE LIABLE FOR AN INDEMNIFIED CLAIM.

8.5 **Claims.** If any claim, demand, suit, or other action is asserted against the Grantee which arises under or concerns the Agreement, or which could have a material adverse effect on the Grantee's ability to perform hereunder, the Grantee shall give written notice thereof to the City within 10 calendar days after receipt of notice by the Grantee. Such notice to the City shall state the date of notification of any such claim, demand, suit, or other action; the names and addresses of the claimant(s); the basis thereof; and the name of each person against whom such claim is being asserted. Such notice shall be delivered personally or by mail and shall be sent to the City and to the Austin City Attorney. Personal delivery to the City Attorney shall be to City Hall, 301 West 2<sup>nd</sup> Street, 4<sup>th</sup> Floor, Austin, Texas 78701, and mail delivery shall be to P.O. Box 1088, Austin, Texas 78767.

8.6 **Business Continuity.** Grantee warrants that it has adopted a business continuity plan that describes how Grantee will continue to provide services in the event of an emergency or other unforeseen event, and agrees to maintain the plan on file for review by the City. Grantee shall provide a copy of the plan to the City's Agreement Manager upon request at any time during the term of this Agreement, and the requested

information regarding the Business Continuity Plan shall appear in the annual Administrative and Fiscal Review document.

8.6.1 Grantee agrees to participate in the City's Emergency Preparedness and Response Plan and other disaster planning processes. Grantee participation includes assisting the City to provide disaster response and recovery assistance to individuals and families impacted by manmade or natural disasters.

8.7 **Notices.** Unless otherwise specified, all notices, requests, or other communications required or appropriate to be given under the Agreement shall be in writing and shall be deemed delivered 3 business days after postmarked if sent by U.S. Postal Service Certified or Registered Mail, Return Receipt Requested. Notices delivered by other means shall be deemed delivered upon receipt by the addressee. Routine communications may be made by first class mail, email, or other commercially accepted means. Notices to the City and the Grantee shall be addressed as follows:

To the City:	To the Grantee:	With copy to:
City of Austin Austin Public Health Administrative Services Division	The Wright House Wellness Center, Inc.	City of Austin Austin Public Health
ATTN: Kymberley Maddox, Assistant Director	ATTN: Lauren Potter, Interim Executive Director	ATTN: Stephanie Hayden, Acting Director
7201 Levander Loop, Bldg. E Austin, TX 78702	8101 Cameron Rd., Suite 105 Austin, TX 78754	7201 Levander Loop, Bldg. E Austin, TX 78702

8.8 **Confidentiality.** In order to provide the deliverables to the City, Grantee may require access to certain of the City's and/or its licensors' confidential information (including inventions, employee information, trade secrets, confidential know-how, confidential business information, and other information which the City or its licensors consider confidential) (collectively, "Confidential Information"). Grantee acknowledges and agrees that the Confidential Information is the valuable property of the City and/or its licensors and any unauthorized use, disclosure, dissemination, or other release of the Confidential Information will substantially injure the City and/or its licensors. The Grantee (including its employees, Subgrantees, agents, or representatives) agrees that it will maintain the Confidential Information in strict confidence and shall not disclose, disseminate, copy, divulge, recreate, or otherwise use the Confidential Information without the prior written consent of the City or in a manner not expressly permitted under this Agreement, unless the Confidential Information is required to be disclosed by law or an order of any court or other governmental authority with proper jurisdiction, provided the Grantee promptly notifies the City before disclosing such information so as to permit the City reasonable time to seek an appropriate protective order. The Grantee agrees to use protective measures no less stringent than the Grantee uses within its own business to protect its own most valuable information, which protective measures shall under all circumstances be at least reasonable measures to ensure the continued confidentiality of the Confidential Information.

8.9 **Advertising.** Where such action is appropriate as determined by the City, Grantee shall publicize the activities conducted by the Grantee under this Agreement. Any news release, sign, brochure, or other advertising medium including websites disseminating information prepared or distributed by or for the Grantee shall recognize the City as a funding source and include a statement that indicates that the information presented does not officially represent the opinion or policy position of the City.

8.10 **No Contingent Fees.** The Grantee warrants that no person or selling agency has been employed or retained to solicit or secure the Agreement upon any agreement or understanding for commission, percentage, brokerage, or contingent fee, excepting bona fide employees of bona fide established commercial or selling agencies maintained by the Grantee for the purpose of securing business. For breach or violation of this warranty, the City shall have the right, in addition to any other remedy available, to cancel the Agreement without liability and to deduct from any amounts owed to the Grantee, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.

**8.11 Gratuities.** The City may, by written notice to the Grantee, cancel the Agreement without liability if it is determined by the City that gratuities were offered or given by the Grantee or any agent or representative of the Grantee to any officer or employee of the City with a view toward securing the Agreement or securing favorable treatment with respect to the awarding or amending or the making of any determinations with respect to the performing of such Agreement. In the event the Agreement is canceled by the City pursuant to this provision, the City shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by the Grantee in providing such gratuities.

**8.12 Prohibition Against Personal Interest in Agreements.** No officer, employee, independent consultant, or elected official of the City who is involved in the development, evaluation, or decision-making process of the performance of any solicitation shall have a financial interest, direct or indirect, in the Agreement resulting from that solicitation. Any willful violation of this Section shall constitute impropriety in office, and any officer or employee guilty thereof shall be subject to disciplinary action up to and including dismissal. Any violation of this provision, with the knowledge, expressed or implied, of the Grantee shall render the Agreement voidable by the City.

**8.13 Independent Grantee.** The Agreement shall not be construed as creating an employer/employee relationship, a partnership, or a joint venture. The Grantee's services shall be those of an independent Grantee. The Grantee agrees and understands that the Agreement does not grant any rights or privileges established for employees of the City.

**8.14 Assignment-Delegation.** The Agreement shall be binding upon and inure to the benefit of the City and the Grantee and their respective successors and assigns, provided however, that no right or interest in the Agreement shall be assigned and no obligation shall be delegated by the Grantee without the prior written consent of the City. Any attempted assignment or delegation by the Grantee shall be void unless made in conformity with this paragraph. The Agreement is not intended to confer rights or benefits on any person, firm or entity not a party hereto; it being the intention of the parties that there be no third party beneficiaries to the Agreement.

**8.15 Waiver.** No claim or right arising out of a breach of the Agreement can be discharged in whole or in part by a waiver or renunciation of the claim or right unless the waiver or renunciation is supported by consideration and is in writing signed by the aggrieved party. No waiver by either the Grantee or the City of any one or more events of default by the other party shall operate as, or be construed to be, a permanent waiver of any rights or obligations under the Agreement, or an express or implied acceptance of any other existing or future default or defaults, whether of a similar or different character.

**8.16 Modifications.** The Agreement can be modified or amended only by a written, signed agreement by both parties. No pre-printed or similar terms on any Grantee invoice, order, or other document shall have any force or effect to change the terms, covenants, and conditions of the Agreement.

**8.17 Interpretation.** The Agreement is intended by the parties as a final, complete and exclusive statement of the terms of their agreement. No course of prior dealing between the parties or course of performance or usage of the trade shall be relevant to supplement or explain any term used in the Agreement. Although the Agreement may have been substantially drafted by one party, it is the intent of the parties that all provisions be construed in a manner to be fair to both parties, reading no provisions more strictly against one party or the other. Whenever a term defined by the Uniform Commercial Code, as enacted by the State of Texas, is used in the Agreement, the UCC definition shall control, unless otherwise defined in the Agreement.

**8.18 Dispute Resolution.**

**8.18.1** If a dispute arises out of or relates to the Agreement, or the breach thereof, the parties agree to negotiate prior to prosecuting a suit for damages. However, this section does not prohibit the filing of a lawsuit to toll the running of a statute of limitations or to seek injunctive relief. Either party may make a written request for a meeting between representatives of each party within 14 calendar days after receipt of the request or such later period as agreed by the parties. Each party shall include, at a minimum, 1 senior level individual with decision-making authority regarding the dispute. The purpose of this and any subsequent meeting is to attempt in good faith to negotiate a resolution of the dispute.



If, within 30 calendar days after such meeting, the parties have not succeeded in negotiating a resolution of the dispute, they will proceed directly to mediation as described below. Negotiation may be waived by a written agreement signed by both parties, in which event the parties may proceed directly to mediation as described below.

8.18.2 If the efforts to resolve the dispute through negotiation fail, or the parties waive the negotiation process, the parties may select, within 30 calendar days, a mediator trained in mediation skills to assist with resolution of the dispute. Should they choose this option, the City and the Grantee agree to act in good faith in the selection of the mediator and to give consideration to qualified individuals nominated to act as mediator. Nothing in the Agreement prevents the parties from relying on the skills of a person who is trained in the subject matter of the dispute or an Agreement interpretation expert. If the parties fail to agree on a mediator within 30 calendar days of initiation of the mediation process, the mediator shall be selected by the Travis County Dispute Resolution Center (DRC). The parties agree to participate in mediation in good faith for up to 30 calendar days from the date of the first mediation session. The City and the Grantee will share the mediator's fees equally and the parties will bear their own costs of participation such as fees for any consultants or attorneys they may utilize to represent them or otherwise assist them in the mediation.

#### **8.19 Minority and Women Owned Business Enterprise (MBE/WBE) Procurement Program**

MBE/WBE goals do not apply to this Agreement.

#### **8.20 Living Wage Policy**

[Reserved]

#### **8.21 Subgrantees.**

8.21.1 Work performed for the Grantee by a Subgrantee shall be pursuant to a written Agreement between the Grantee and Subgrantee. The terms of the Subagreement may not conflict with the terms of the Agreement, and shall contain provisions that:

8.21.1.1 require that all deliverables to be provided by the Subgrantee be provided in strict accordance with the provisions, specifications and terms of the Agreement. The City may require specific documentation to confirm Subgrantee compliance with all aspects of this Agreement.

8.21.1.2 prohibit the Subgrantee from further subcontracting any portion of the Agreement without the prior written consent of the City and the Grantee. The City may require, as a condition to such further subcontracting, that the Subgrantee post a payment bond in form, substance and amount acceptable to the City;

8.21.1.3 require Subgrantees to submit all requests for payment and applications for payments, including any claims for additional payments, damages or otherwise, to the Grantee in sufficient time to enable the Grantee to include the same with its invoice or application for payment to the City in accordance with the terms of the Agreement;

8.21.1.4 require that all Subgrantees obtain and maintain, throughout the term of their Subagreement, insurance in the type required by this Agreement, and in amounts appropriate for the amount of the Subagreement, with the City being a named insured as its interest shall appear;

8.21.1.5 require that the Subgrantees indemnify and hold the City harmless to the same extent as the Grantee is required to indemnify the City; and

8.21.1.6 maintain and make available to the City, upon request, Certificates of Insurance for all Subgrantees.

8.21.2 The Grantee shall be fully responsible to the City for all acts and omissions of the Subgrantees just as the Grantee is responsible for the Grantee's own acts and omissions. Nothing in the Agreement shall create for the benefit of any such Subgrantee any contractual relationship between the City and any such Subgrantee, nor shall it create any obligation on the part of the City to pay or to see to the payment of any moneys due any such Subgrantee except as may otherwise be required by law.

8.21.3 The Grantee shall pay each Subgrantee its appropriate share of payments made to the Grantee not later than 10 days after receipt of payment from the City.

8.22 **Jurisdiction and Venue.** The Agreement is made under and shall be governed by the laws of the State of Texas, including, when applicable, the Uniform Commercial Code as adopted in Texas, V.T.C.A., Bus. & Comm. Code, Chapter 1, excluding any rule or principle that would refer to and apply the substantive law of another state or jurisdiction. All issues arising from this Agreement shall be resolved in the courts of Travis County, Texas and the parties agree to submit to the exclusive personal jurisdiction of such courts. The foregoing, however, shall not be construed or interpreted to limit or restrict the right or ability of the City to seek and secure injunctive relief from any competent authority as contemplated herein.

8.23 **Invalidity.** The invalidity, illegality, or unenforceability of any provision of the Agreement shall in no way affect the validity or enforceability of any other portion or provision of the Agreement. Any void provision shall be deemed severed from the Agreement and the balance of the Agreement shall be construed and enforced as if the Agreement did not contain the particular portion or provision held to be void. The parties further agree to reform the Agreement to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this Section shall not prevent this entire Agreement from being void should a provision which is the essence of the Agreement be determined to be void.

8.24 **Holidays.** The following holidays are observed by the City:

<u>HOLIDAY</u>	<u>DATE OBSERVED</u>
New Year's Day	January 1
Martin Luther King, Jr's Birthday	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Veteran's Day	November 11
Thanksgiving Day	Fourth Thursday in November
Friday after Thanksgiving	Friday after Thanksgiving
Christmas Eve	December 24
Christmas Day	December 25

If a Legal Holiday falls on Saturday, it will be observed on the preceding Friday. If a Legal Holiday falls on Sunday, it will be observed on the following Monday.

8.25 **Survivability of Obligations.** All provisions of the Agreement that impose continuing obligations on the parties, including but not limited to the warranty, indemnity, and confidentiality obligations of the parties, shall survive the expiration or termination of the Agreement.

8.26 **Non-Suspension or Debarment Certification.** The City is prohibited from contracting with or making prime or sub-awards to parties that are suspended or debarred or whose principals are suspended or debarred from federal, state, or City Agreements. By accepting an Agreement with the City, the Grantee certifies that its firm and its principals are not currently suspended or debarred from doing business

with the Federal Government, as indicated by the Exclusions records at SAM.gov, the State of Texas, or the City of Austin.

**8.27 Public Information Act.** Grantee acknowledges that the City is required to comply with Chapter 552 of the Texas Government Code (Public Information Act). Under the Public Information Act, this Agreement and all related information within the City's possession or to which the City has access are presumed to be public and will be released unless the information is subject to an exception described in the Public Information Act.

**8.28 HIPAA Standards.** As applicable, Grantee and Subgrantees are required to develop and maintain administrative safeguards to ensure the confidentiality of all protected client information, for both electronic and non-electronic records, as established in the Health Insurance Portability and Accountability Act (HIPAA) Standards CFR 160 and 164, and to comply with all other applicable federal, state, and local laws and policies applicable to the confidentiality of protected client information. Grantee must maintain HIPAA-compliant Business Associate agreements with each entity with which it may share any protected client information.

**8.28.1 Business Associate Agreement.** If performance of this Agreement involves the use or disclosure of Protected Health Information (PHI), as that term is defined in 45 C.F.R. § 160.103, then Grantee acknowledges and agrees to comply with the terms and conditions contained in the Business Associate Agreement, attached as Exhibit E.

**8.29 Political and Sectarian Activity.** No portion of the funds received by the Grantee under this Agreement shall be used for any political activity (including, but not limited to, any activity to further the election or defeat of any candidate for public office) or any activity undertaken to influence the passage, defeat, or final content of legislation; or for any sectarian or religious purposes.

**8.30 Culturally and Linguistically Appropriate Standards (CLAS).** The City is committed to providing effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy, and other communication needs. This commitment applies to services provided directly by the City as well as services provided through its Grantees. Grantee and its Subgrantees agree to implement processes and services in a manner that is culturally and linguistically appropriate and competent. Guidance on adopting such standards and practices are available at the U.S. Department of Health and Human Services Office of Minority Health's website at: <https://minorityhealth.hhs.gov/omh/browse.aspx?M=1&Mid=8>.

In some instances, failure to provide language assistance services may have the effect of discriminating against persons on the basis of their natural origin. Guidelines for serving individuals with Limited English Proficiency (LEP) are available at <https://www.jep.gov/faqs/faqs.html>.

In witness whereof, the parties have caused duly authorized representatives to execute this Agreement on the dates set forth below.

THE WRIGHT HOUSE WELLNESS CENTER,  
INC.

Signature: Lauren Potter

Name: Lauren Potter  
Printed Name

Title: Executive Director

Date: 4/11/17

CITY OF AUSTIN

Signature: Shawn Willett

Name: Shawn Willett  
PURCHASING OFFICE

Date: 5/9/17



## **EXHIBITS**

### **Exhibit A – Program Forms**

- A.1.1 – Program Work Statement for HIV Contract**
- A.1.2 – Program Work Statement By Service Category**
- A.2 – Program Performance for HIV Service Category**

### **Exhibit B – Program Budget Forms**

- B.1.1 – Program Budget for HIV Direct Services**
- B.1.2 – Program Budget for HIV Administrative Services**
- B.1.3 – Program Budget for HIV Combined Services and Narrative**

### **Exhibit C – Equal Employment/Fair Housing Office/Non-Discrimination Certification**

### **Exhibit D – Part A Required Reports**

### **Exhibit E – Modifications to the Standard APH Agreement**

### **Exhibit F – Business Associate Agreement**

## **Program Work Statement For HIV Contract**

**Period Start Date** 3/1/2017

**Period End Date** 2/28/2018

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### **Client Access**

#### **•Transportation**

WHWC participates in the City of Austin's Ryan White Medical Transportation program that provides transportation vouchers to clients to ensure their ability to access medical and support services. WHWC staff also makes every effort to schedule service at times and locations most conducive to client access. This includes making home visits, accompanying clients to medical provider appointments, and meeting with clients at other locations.

#### **•Awareness of HIV Status and Need for Services**

According to ATCHHSD estimates, a significant number of individuals who would qualify for WHWC HIV-related services do not know their HIV status. All services are advertised to potential clients through WHWC's online presence (website, Facebook, Twitter, etc.), flyers placed at various locations in the service delivery area, and through other ASOs and other community organizations. HIV+ individuals, particularly those that have never been in care or are out of care, are encouraged to initiate contact with WHWC to get into care by calling, walking in, or emailing any program staff. Formal Memorandums of Understanding are maintained with other ASOs and community organizations to enable an open referral system.

#### **•HIV Knowledge**

Many clients, particularly the newly diagnosed, are reluctant to access services because they simply don't know what to expect. They may be operating on myths or misinformation about living with HIV. They may never have known anyone living with HIV. It may feel safer for such an individual to lapse into denial and avoid needed services. WHWC staff works with newly diagnosed clients to separate fact from fiction and develop a realistic understanding of the role of HIV and HIV services in their lives. These efforts include providing information and referral, accompanying clients to medical appointments, and helping clients identify supportive peer mentors and role models.

#### **•Stigma**

Many individuals report that the stigma associated with being HIV-positive (and/or accessing mental health care services) creates a barrier to accessing needed services. The fear of a friend or neighbor or an employer or an insurance carrier finding out sensitive health information can motivate a prospective client to keep his/her distance from service providers. WHWC makes every effort not just to maintain client confidentiality but also to provide a comfortable, non-threatening environment in which the client can seek help on his/her own terms. WHWC's name purposefully does not make references to specific diseases or conditions. WHWC staff and subcontractors are trained not only to maintain confidentiality, but to be sensitive to clients' varying needs and motivations regarding confidentiality. WHWC also works to reduce internalized stigma by providing information about HIV in a neutral, non-judgmental manner, while showing respect and compassion. The client's culture, language, sex, sexual orientation, age, and developmental level are always taken into consideration by WHWC staff. Many programs have a peer-educator component to help put clients at ease and to enable clients to more closely identify with the services being provided. On the other side of the equation, WHWC's community outreach efforts work to increase acceptance of HIV and HIV service utilization among those who have traditionally been less tolerant or understanding.

#### **•Anti-discrimination strategies**

All persons requesting services will be screened and offered an intake if eligible. No client will be denied services due to a pre-existing medical condition, including non-HIV-related conditions, or due to any other past or present health condition. Veterans will not be deemed ineligible for Ryan White services due to eligibility for Department of Veterans Affairs (VA) Health Care benefits.

### **Service Linkage, Referral, and Collaboration**

The Wright House Wellness Center's Case Management program is founded on the goal of strengthening individuals and their communities by reducing the spread of HIV and by providing infected individuals with the tools, knowledge, confidence, and motivation to manage their disease effectively and independently. As advances in HIV medical treatment have made positive clinical outcomes more likely, mortality rates due to HIV/AIDS have plummeted and the duration and quality of life for many living with HIV/AIDS has dramatically improved. HIV Case Management exists to help bring these benefits to those individuals who have barriers to achieving these improved outcomes. Because the factor most responsible for these improvements is properly administered medication, all successful HIV case management interventions begin with access to medical care. This view is emphasized at intake as part of the program orientation for new clients and remains part of the ongoing conversation between case manager and client. All service plans contain goals related to medical access and adherence.

WHWC's case management program has cultivated relationships with area HIV medical providers, particularly

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## ***Program Work Statement For HIV Contract***

***Period Start Date*** 3/1/2017

***Period End Date*** 2/28/2018

CommunityCare's David Powell Health Clinic, since 2004. WHWC has a close working relationship with the nurses, doctors, social workers, and administrators at DPC. When out-of-care clients present to WHWC, case managers can quickly and effectively link them to care by shepherding them through the scheduling, eligibility, and intake process at DPC. Because WHWC's Case Management model is comprehensive, we have the appropriate staff to assist with every aspect of this process from obtaining medical records and other eligibility documents to orienting clients to the Austin HIV care system to reminder calls and transportation to appointments.

WHWC also has extensive knowledge of and experience with other area HIV providers including the Blackstock Family Clinic, Austin Regional Clinic, Red River Family Practice, and Austin Infectious Disease Consultants. WHWC case managers are familiar with the locations and eligibility criteria of these practices and can help HIV-infected individuals find an appropriate medical provider.

WHWC also participates in the Austin-area Return to Care collaborative, an initiative spearheaded by DPC to help prevent at-risk individuals from falling out of care and to help those who have fallen out of care to return to care. This working group, which includes representatives from all Austin-area ASOs, examines the trends and variables associated with clients being lost to care, and develops strategies at the community, agency, clinic, and individual levels to ensure linkage to medical care for the greatest number of central Texans living with HIV/AIDS possible.

Within the WHWC Case Management program, the Non-medical Case Manager will assist clients in identifying and overcoming psychosocial barriers to medical access and adherence, provide information and referral and moral support, help prepare the client for successful participation in medical care and/or Medical Case Management, and nurture the client's motivation to adhere to medical treatment. The Non-medical Case Manager will work closely with others involved in the client's care and the Medical Case Manager to provide a seamless, comprehensive system of linkage to medical care. WHWC also has a variety of disease management programs that help create a wide safety net in which to catch individuals who may be out of care or in danger of falling out of care. Agencies that serve as "Points of Entry" entities, the general community, health care providers, AIDS service organizations, and governmental entities facilitate additional referrals and linkages to and from WHWC.

Specifically, if a client has difficulty maintaining services in primary medical care, a referral is made to the most appropriate medical case management services for provision of intensive connection with a primary care provider. Most likely, it will be an "in-house" referral. The Wright House Wellness Center provides the following services:

- Case Management, including access to transportation and financial assistance programs Medical Case Management
- Support Group
- Complementary/Holistic Health Therapies.

The ability to offer a diverse set of services leads to a delivery system that decreases the potential of "losing" clients when they must be referred out for the most basic of services. The above detailed components are all crucial in WHWC's efforts to link clients to primary medical care and maintain retention in care.

WHWC has worked hard to maintain positive working relationships with other AIDS Service Organizations (ASOs) and other Community Based Organizations (CBOs) to ensure clients receive the most appropriate services for their individual needs within a seamless referral system. Existing community resources that WHWC works closely with to ensure linkage to HIV medical care and other social services include:

- CommunityCare - David Powell Health Clinic (DPC) and Blackstock Family Clinic provide HIV+ individuals with specialized HIV medical health care, counseling and referrals. WHWC collaborates with both clinics to ensure successful client linkage and maintenance in HIV medical care services.

- AIDS Services of Austin (ASA) and Austin/Travis County Integral Care - Community AIDS Resources and Education Program (CARE) provide HIV testing services, case management, and basic needs support to clients, including eligible referrals from WHWC and provide information for outreach distribution. Each partner agency also provides information for follow-up determinations.

- Austin/Travis County Health and Human Services Department (Austin Public Health) provides at-risk individuals with HIV/STD testing and appropriate referrals. WHWC provides information about services and referrals as appropriate.

- Project Transitions provides affordable housing and hospice/respite services to individuals living with HIV/AIDS. WHWC refers clients for assistance, and both agencies provide information for follow-up determinations.

- Care Communities provides personal assistance services to those living with HIV/AIDS and cancer. WHWC and Care Communities have a strong referral relationship.

- Waterloo Counseling Center offers mental health counseling and therapeutic support groups to gay, lesbian, bisexual, and transgender persons. WHWC and Waterloo Counseling have a strong referral relationship and have co-hosted an HIV support group for Spanish-speaking clients.

All referrals are documented and completed in ARIES. The first step to making a referral is determining the client's needs and then the most suitable agency for the referral. WHWC maintains documentation of all referrals using a Referral Form that

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## **Program Work Statement For HIV Contract**

**Period Start Date** 3/1/2017

**Period End Date** 2/28/2018

gives the client all the pertinent referral information and allows WHWC to retain a second copy for follow-ups and file documentation. Each case manager is responsible for following up on referrals provided to their respective clients and noting outcome in ARIES.

The goal of these referral relationships and collaborations is to increase the chances of maintaining primary medical care and self-sufficiency for clients, by providing greater support around each client; reducing duplication of services and administrative costs; and providing opportunities for networking, problem-solving and community planning.

### **Client Input and Involvement**

Clients work with staff to create a personalized service plan, review progress towards that plan and make revisions as necessary. Client signatures are required on all service plans to ensure client participation and denote client agreement with service plan. In instances where follow up and revision of service plans is completed via telephone, Case Managers may sign for the client with the client's consent.

A bi-annual follow-up form is completed with each client as well. This form updates contact, financial, and health information, service utilization and documents successes, challenges and concerns or complaints clients may have. Any outstanding information gained from follow-up forms or directly from a client is reported to the Executive Director who will decide upon a course of action, if appropriate.

Clients are also involved in monitoring the quality of the organization through their annual participation in a client satisfaction survey and in meetings with the Executive Director who maintains an open door policy and often meets personally with clients per request.

The agency reception area has a "suggestion box." The Executive Director is in charge of checking the box, presenting suggestions during the weekly Case Management Meeting and/or All Staff Meeting and responding to any items requiring a formal response.

WHWC has created a Client Advisory Committee (CAC) to assist the Executive Director and the agency in program planning and evaluation, as well as represent the client community as a whole to the agency.

Program reports are provided regularly to the Executive Director and to the Board of Directors. Clients are routinely encouraged to participate in stakeholder forums and events, community surveys, and focus groups related to HIV service delivery.

The WHWC Board of Directors encourages clients to attend Board meetings and apply for Board membership. At present, one-third of the board are HIV-positive and/or clients of WHWC.

### **Cultural Competency**

Policy and Procedure for Clients with Limited English Proficiency:

All client services must be provided in a manner that is linguistically appropriate to the client. It is agency policy to ensure access to service for clients who are not proficient in English. In order to do this, the agency hires bilingual staff, arranges for volunteer interpreters, and uses outside interpreter services as needed. Here are the procedures for clients with limited English proficiency:

1.Spanish-speaking clients will be assigned a bilingual case manager who speaks the Spanish language. Family members or minor children will not be used as interpreters, unless requested by the client. When a bilingual case manager is not available, the client will be notified of his/her right to free interpreter services. A telephone interpreter service will be used when appropriate. All case managers will have information available on how to access interpreter services through INTERPRET ALK® Interpreting by Telephone (IBT) through Language Services Associates.

For those clients whose native language is other than English or Spanish, case managers will use the United States Census 2004 Language Identification Flashcard to determine what language a client is speaking. Family members or minor children will not be used as interpreters, unless requested by the client. The client will be notified of his/her right to free interpreter services.

2.For clients needing the services of a sign language interpreter, CSD of Texas will be utilized. CSD- Austin can be reached by contacting 512-428-1800.

3.Case Managers must get supervisor approval before scheduling new intakes with an interpreter present to ensure client comfort and approve fee for interpreter service. Service activities will be delivered so that cultural and language differences do not constitute a barrier to services in full compliance with the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

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## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2017

***Period End Date*** 2/28/2018

***HIV Service Category*** CS-Medical Case Management

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### ***Client Eligibility***

Clients will be reassessed to determine continued eligibility every 6 months from the time eligibility was established or updated.

**HIV Status** – All clients must be HIV- positive. A computer-generated HIV+ lab test with the client's name preprinted or Healthcare Professional documentation who is providing HIV medical care to the client.

**Residency** – Individuals residing in Travis, Williamson, Bastrop, Hays, or Caldwell counties are eligible for this service. Lease/Rental agreement in the name of the client or listing the client as an occupant; Property tax document's in the client's name; Utility/phone/cable bill in the client's name; Credit card bill in the client's name; Letter on company letterhead signed by the director of a recognized group home, care home, transitional living facility stating that the client is a resident; Any type of current business/or governmental correspondence with the client's name and address preprinted; or Pay stub with the client's name and address preprinted.

For those clients who are undocumented and/or homeless, the following forms of documentation are acceptable:

"Residency Verification Form;" or Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Income Level** – All clients must present proof of income. Payroll stub/copy of payroll check/bank statement showing direct payroll deposit; Letter from employer on company letterhead indicating weekly or monthly wages; Unemployment benefits letter/copy of check or bank statement showing direct deposit; IRS 1040 from/W2 form/I 099 form; Social Security award letter; VA benefits letter; private disability/pension letter on company letterhead; Medicaid letter; Child or spousal support order with judge's signature and date; Food Stamp and/or Temporary Assistance for Needy Families (TANF) award letter; Temporary "Affidavit of Self Disclosed Income Form"; or Documentation of any other income.

For those clients claiming no income, the following forms of documentation are acceptable:

"Affidavit of Self Disclosed Income Form;" Proof of application of Social Security; Client living off savings: bank/investment account statements form 3 consecutive months showing withdrawals for living expenses; Client being supported by someone else - statement signed and dated by the supporter, which includes the amount and type of support and the supporter's phone number for verification.

•Homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Insurance status** – All Clients must provide documentation of insurance status. Acceptable documentation includes:

•Verification of employment;

•Medicaid/Medicare or third party rejection letter covering the dates of service;

•Signed note in patient record showing date and tie of call to Medicaid/Medicare or third party (done monthly or at every visit, whichever is less frequent).

Undocumented and/or homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

### ***Target Populations***

This service is open to individuals living with HIV/AIDS who meet the eligibility requirements listed under Client Eligibility, and who have identified psychosocial needs related to HIV non-medical case management functions: Clients who do NOT require coordination or follow-up of medical care and treatments; referral, coordination and follow-up of certain ancillary services (e.g. housing, food, transportation) to help stabilize the client toward benefiting more effectively from medical intervention; clients who need assistance in applying for and ongoing assistance maintaining public/private benefit programs; other financial assistance needs.

Services will be offered to HIV-positive individuals not enrolled in any other HIV Case Management program. The Wright House Wellness Center's target population will include: men, women and transgender persons; White, African American, Latino/a, and others; individuals with current or previous substance abuse, including injection drug users; individuals with current or previous mental illness; and recently incarcerated individuals. 100% of the clients will be HIV-positive living within the Austin TGA.

### ***Service Category Activities***

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## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2017

***Period End Date*** 2/28/2018

### ***HIV Service Category CS-Medical Case Management***

#### ***Service activities linked to Budget Justification***

The following activities will be performed at a frequency based on client acuity as provided by the applicable Standards of Care:

- Intake and Eligibility determination process,
- Comprehensive Assessment,
- Acuity Assessment,
- Development of a comprehensive, individualized care plan,
- Coordination of services required to implement the plan,
- Client monitoring to assess the efficacy of the plan, and
- Periodic re-evaluation and adaptation of the plan as necessary over the client's enrollment in case management services.

#### ***Frequency of these service activities***

Frequency of these service activities is provided in accordance with applicable Standards of Care.

#### ***Location(s) of these service activities***

Medical Case Managers will conduct these activities in a variety of settings depending on client need. These settings primarily include, but are not limited to: WHWC offices, the client's home, the offices of the client's medical providers, hospitals, and substance abuse treatment facilities.

#### ***Staffing***

Title/ Qualifications/ Duties by position:

Medical Case Manager

- Master's degree in social work; license preferred.
- 1-3 years' experience in human/social services (3+ years may substitute for degree).
- Interviewing and assessment skills (strong ability to listen without judgment).
- Cultural awareness & sensitivity.
- Knowledge of/ability to research available community resources.
- PC (Windows, Word, Excel, Access) and internet proficient.
- Excellent written and verbal communication skills.
- Manage a caseload of clients who are determined eligible for case management services, i.e. clients who are HIV+, residing in the Austin TGA, in need of or pursuing primary medical care, and experiencing complex medical/adherence issues.

Executive Director

- Expertise and knowledge of HIV/AIDS and HCV.
- 10-15 years non-profit experience with specific knowledge of health care policies, industry trends, nonprofit business development and 501 C (3) policies and procedures.
- Exceptional competency in managing financial and operational resources to align with mission and business outcomes; Strong ability to oversee human resources and to administer the program; Strong understanding of trends in the HIV/AIDS and HCV communities. Excellent communication, writing, and social skills applicable to multiethnic consumers.
- Responsible for the development, management and implementation of all initiatives necessary to deliver WHWC programs and services, provide appropriate funding to deliver the services and promote the mission of WHWC throughout the service area.
- Manage, develop and provide leadership to all employees, Board of Directors members, and volunteers. Foster a culture of philanthropy within WHWC. Assure that the organization's culture, systems and procedures support the goals and objectives of the agency. Lead staff and volunteers to institutionalize philanthropy within the organization.

#### ***Quality Management***

WHWC will follow its most recent approved Quality Management Plan in providing and assessing all services. Please refer to WHWC's Quality Management Plan, March 1, 2016-February 28, 2017. When the new Quality Plan is approved for FY 2017,

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***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2017

***Period End Date*** 2/28/2018

***HIV Service Category*** CS-Medical Case Management

WHWC will comply with it.

***HRSA/HAB Ryan White Part A Program Monitoring Standards***

WHWC will comply with all applicable HRSA Program Monitoring Standards for this service category.

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## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2017

***Period End Date*** 2/28/2018

***HIV Service Category*** SS-Case Management Non-medical

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### ***Client Eligibility***

Clients will be reassessed to determine continued eligibility every 6 months from the time eligibility was established or updated.

**HIV Status** – All clients must be HIV- positive. A computer-generated HIV+ lab test with the client's name preprinted or Healthcare Professional documentation who is providing HIV medical care to the client.

**Residency** – Individuals residing in Travis, Williamson, Bastrop, Hays, or Caldwell counties are eligible for this service.

**Lease/Rental agreement** in the name of the client or listing the client as an occupant; Property tax document's in the client's name; Utility/phone/cable bill in the client's name; Credit card bill in the client's name; Letter on company letterhead signed by the director of a recognized group home, care home, transitional living facility stating that the client is a resident; Any type of current business/or governmental correspondence with the client's name and address preprinted; or Pay stub with the client's name and address preprinted.

For those clients who are undocumented and/or homeless, the following forms of documentation are acceptable:

"Residency Verification Form;" or Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Income Level** – All clients must present proof of income. Payroll stub/copy of payroll check/bank statement showing direct payroll deposit; Letter from employer on company letterhead indicating weekly or monthly wages; Unemployment benefits letter/copy of check or bank statement showing direct deposit; IRS 1040 form/W2 form/I 099 form; Social Security award letter; VA benefits letter; private disability/pension letter on company letterhead; Medicaid letter; Child or spousal support order with judge's signature and date; Food Stamp and/or Temporary Assistance for Needy Families (TANF) award letter; Temporary "Affidavit of Self Disclosed Income Form"; or Documentation of any other income.

For those clients claiming no income, the following forms of documentation are acceptable:

"Affidavit of Self Disclosed Income Form;" Proof of application of Social Security; Client living off savings: bank/investment account statements form 3 consecutive months showing withdrawals for living expenses; Client being supported by someone else - statement signed and dated by the supporter, which includes the amount and type of support and the supporter's phone number for verification.

•Homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Insurance status** – All Clients must provide documentation of insurance status. Acceptable documentation includes:

•Verification of employment;

•Medicaid/Medicare or third party rejection letter covering the dates of service;

•Signed note in patient record showing date and tie of call to Medicaid/Medicare or third party (done monthly or at every visit, whichever is less frequent).

Undocumented and/or homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

### ***Target Populations***

This service is open to individuals living with HIV/AIDS who meet the eligibility requirements listed under Client Eligibility, and who have identified psychosocial needs related to HIV non-medical case management functions: Clients who do NOT require coordination or follow-up of medical care and treatments; referral, coordination and follow-up of certain ancillary services (e.g. housing, food, transportation) to help stabilize the client toward benefiting more effectively from medical intervention; clients who need assistance in applying for and ongoing assistance maintaining public/private benefit programs; other financial assistance needs.

Services will be offered to HIV-positive individuals not enrolled in any other HIV Case Management program. The Wright House Wellness Center's target population will include: men, women and transgender persons; White, African American, Latino/a, and others; individuals with current or previous substance abuse, including injection drug users; individuals with current or previous mental illness; and recently incarcerated individuals. 100% of the clients will be HIV-positive living within the Austin TGA.

### ***Service Category Activities***

***Created:***

2/24/2017 8:38:00 AM

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4/18/2017 3:08:00 PM

## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2017

***Period End Date*** 2/28/2018

***HIV Service Category*** SS-Case Management Non-medical

### ***Service activities linked to Budget Justification***

The following activities will be performed at a frequency based on client acuity as provided by the applicable Standards of Care:

- Intake and Eligibility determination process,
- Comprehensive Assessment,
- Acuity Assessment,
- Development of a comprehensive, individualized care plan,
- Coordination of services required to implement the plan,
- Client monitoring to assess the efficacy of the plan, and
- Periodic re-evaluation and adaptation of the plan as necessary over the client's enrollment in case management services.

### ***Frequency of these service activities***

Frequency of these service activities is in accordance with Standards of Care.

### ***Location(s) of these service activities***

Non-Medical Case Managers will conduct these activities in a variety of settings depending on client need. These settings primarily include, but are not limited to: WHWC offices, the client's home, the offices of the client's medical providers, hospitals, and substance abuse treatment facilities.

### ***Staffing***

Title/ Qualifications/ Duties by position:

Medical Case Manager

- Master's degree in social work; license preferred.
- 1-3 years' experience in human/social services (3+ years may substitute for degree).
- Interviewing and assessment skills (strong ability to listen without judgment).
- Cultural awareness & sensitivity.
- Knowledge of/ability to research available community resources.
- PC (Windows, Word, Excel, Access) and internet proficient.
- Excellent written and verbal communication skills.
- Manage a caseload of clients who are determined eligible for case management services, i.e. clients who are HIV+, residing in the Austin TGA, in need of or pursuing primary medical care, and experiencing complex medical/adherence issues.

Executive Director

- Expertise and knowledge of HIV/AIDS and HCV.
- 10-15 years non-profit experience with specific knowledge of health care policies, industry trends, nonprofit business development and 501 C (3) policies and procedures.
- Exceptional competency in managing financial and operational resources to align with mission and business outcomes; Strong ability to oversee human resources and to administer the program; Strong understanding of trends in the HIV/AIDS and HCV communities. Excellent communication, writing, and social skills applicable to multiethnic consumers.
- Responsible for the development, management and implementation of all initiatives necessary to deliver WHWC programs and services, provide appropriate funding to deliver the services and promote the mission of WHWC throughout the service area.
- Manage, develop and provide leadership to all employees, Board of Directors members, and volunteers. Foster a culture of philanthropy within WHWC. Assure that the organization's culture, systems and procedures support the goals and objectives of the agency. Lead staff and volunteers to institutionalize philanthropy within the organization.

Non- Medical Case Manager

- Bachelor's degree and 1-3 years of experience working directly with clients, patients, or consumers (3+ years may substitute for degree). Strong ability to listen without judgment and assess needs. Must enjoy helping people to achieve their goals; Cultural awareness & sensitivity.

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## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2017

***Period End Date*** 2/28/2018

### ***HIV Service Category SS-Case Management Non-medical***

- Knowledge of or ability to research available community resources.
- PC (Windows, Microsoft) and internet proficient.
- Excellent written and verbal communication skills.
- Provide case management services to a caseload of clients who are living with HIV/AIDS.
- Work within a team-oriented environment to help clients access and adhere to HIV medical care, improve HIV medical outcomes, and increase self-sufficiency.

#### ***Bilingual Case Manager (Fluent in Spanish)***

- Bachelor's degree and 1-3 years of experience working directly with clients, patients, or consumers (3+ years may substitute for degree).
- Strong ability to listen without judgment and assess needs. Must enjoy helping people achieve goals; Cultural awareness & sensitivity; Knowledge of or ability to research available community resources. PC (Windows, Microsoft) and internet proficient.
- Provide case management services to a caseload of clients who are living with HIV/AIDS.
  - This position will work within a team-oriented environment to help clients access and adhere to HIV medical care, improve HIV medical outcomes, and increase self-sufficiency.

### ***Quality Management***

WHWC will follow its most recent approved Quality Management Plan in providing and assessing all services. Please refer to WHWC's Quality Management Plan, March 1, 2016-February 28, 2017. When the new Quality Plan is approved for FY 2017, WHWC will comply with it.

### ***HRSA/HAB Ryan White Part A Program Monitoring Standards***

WHWC will comply with all applicable HRSA Program Monitoring Standards for this service category.

***Created:*** 2/24/2017 8:38:00 AM ***Last Modified:*** 4/18/2017 3:08:00 PM

## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2017

***Period End Date*** 2/28/2018

***HIV Service Category*** SS-Case Management Non-medical

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### ***Client Eligibility***

#### ***MAI Eligibility***

Minority Population Status - All clients must be African American and/or Latino/a. Client assertion or self-identification will be accepted as proof of clients' status as members of minority populations served through MAI.

Clients will be reassessed to determine continued eligibility every 6 months from the time eligibility was established or updated.

HIV Status - All clients must be HIV- positive. A computer-generated HIV+ lab test with the client's name preprinted or Healthcare Professional documentation who is providing HIV medical care to the client.

Residency - Individuals residing in Travis, Williamson, Bastrop, Hays, or Caldwell counties are eligible for this service. Lease/Rental agreement in the name of the client or listing the client as an occupant; Property tax document's in the client's name; Utility/phone/cable bill in the client's name; Credit card bill in the client's name; Letter on company letterhead signed by the director of a recognized group home, care home, transitional living facility stating that the client is a resident; Any type of current business/or governmental correspondence with the client's name and address preprinted; or Pay stub with the client's name and address preprinted.

For those clients who are undocumented and/or homeless, the following forms of documentation are acceptable:

"Residency Verification Form;" or Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

Income Level - All clients must present proof of income. Payroll stub/copy of payroll check/bank statement showing direct payroll deposit; Letter from employer on company letterhead indicating weekly or monthly wages; Unemployment benefits letter/copy of check or bank statement showing direct deposit; IRS 1040 from/W2 form/I 099 form; Social Security award letter; VA benefits letter; private disability/pension letter on company letterhead; Medicaid letter; Child or spousal support order with judge's signature and date; Food Stamp and/or Temporary Assistance for Needy Families (TANF) award letter; Temporary "Affidavit of Self Disclosed Income Form"; or Documentation of any other income.

For those clients claiming no income, the following forms of documentation are acceptable:

"Affidavit of Self Disclosed Income Form;" Proof of application of Social Security; Client living off savings: bank/investment account statements form 3 consecutive months showing withdrawals for living expenses; Client being supported by someone else - statement signed and dated by the supporter, which includes the amount and type of support and the supporter's phone number for verification.

• Homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

Insurance status - All Clients must provide documentation of insurance status. Acceptable documentation includes:

• Verification of employment;

• Medicaid/Medicare or third party rejection letter covering the dates of service;

• Signed note in patient record showing date and tie of call to Medicaid/Medicare or third party (done monthly or at every visit, whichever is less frequent).

Undocumented and/or homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

### ***Target Populations***

This service is provided for African-American and Hispanic individuals living with HIV/AIDS who meet the eligibility requirements listed under Client Eligibility, and who have identified psychosocial needs related to HIV non-medical case management functions: Clients who do NOT require coordination or follow-up of medical care and treatments; referral, coordination and follow-up of certain ancillary services (e.g. housing, food, transportation) to help stabilize the client toward benefiting more effectively from medical intervention; clients who need assistance in applying for and ongoing assistance maintaining public/private benefit programs; other financial assistance needs.

Services will be offered to HIV-positive individuals not enrolled in any other HIV Case Management program. The Wright House Wellness Center's target population will include: men, women and transgender persons; individuals with current or

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## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2017

***Period End Date*** 2/28/2018

### ***HIV Service Category SS-Case Management Non-medical***

previous substance abuse, including injection drug users; individuals with current or previous mental illness; and recently incarcerated individuals. 100% of the clients will be African American and Latino/a who are HIV-positive and living within the Austin TGA.

### ***Service Category Activities***

#### ***Service activities linked to Budget Justification***

The following activities will be performed at a frequency based on client acuity as provided by the applicable Standards of Care:

- Intake and Eligibility determination process,
- Comprehensive Assessment,
- Acuity Assessment,
- Development of a comprehensive, individualized care plan,
- Coordination of services required to implement the plan,
- Client monitoring to assess the efficacy of the plan, and
- Periodic re-evaluation and adaptation of the plan as necessary over the client's enrollment in case management services.

#### ***Frequency of these service activities***

Frequency of these service activities is in accordance with Standards of Care.

#### ***Location(s) of these service activities***

Non-Medical Case Managers will conduct these activities in a variety of settings depending on client need. These settings primarily include, but are not limited to: WHWC offices, the client's home, the offices of the client's medical providers, hospitals, and substance abuse treatment facilities.

### ***Staffing***

Title/ Qualifications/ Duties by position:

Medical Case Manager

- Master's degree in social work; license preferred.
- 1-3 years' experience in human/social services (3+ years may substitute for degree).
- Interviewing and assessment skills (strong ability to listen without judgment).
- Cultural awareness & sensitivity.
- Knowledge of/ability to research available community resources.
- PC (Windows, Word, Excel, Access) and Internet proficient.
- Excellent written and verbal communication skills.
- Manage a caseload of clients who are determined eligible for case management services, i.e. clients who are HIV+, residing in the Austin TGA, in need of or pursuing primary medical care, and experiencing complex medical/adherence issues.

Executive Director

- Expertise and knowledge of HIV/AIDS and HCV.
- 10-15 years non-profit experience with specific knowledge of health care policies, industry trends, nonprofit business development and 501 C (3) policies and procedures.
- Exceptional competency in managing financial and operational resources to align with mission and business outcomes; Strong ability to oversee human resources and to administer the program; Strong understanding of trends in the HIV/AIDS and HCV communities. Excellent communication, writing, and social skills applicable to multiethnic consumers.
- Responsible for the development, management and implementation of all initiatives necessary to deliver WHWC programs and services, provide appropriate funding to deliver the services and promote the mission of WHWC throughout the service area.
- Manage, develop and provide leadership to all employees, Board of Directors members, and volunteers. Foster a culture of philanthropy within WHWC. Assure that the organization's culture, systems and procedures support the goals and objectives

***Created:*** 2/24/2017 8:40:00 AM ***Last Modified:*** 4/18/2017 3:28:00 PM



## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2017

***Period End Date*** 2/28/2018

### ***HIV Service Category SS-Case Management Non-medical***

of the agency. Lead staff and volunteers to institutionalize philanthropy within the organization.

#### ***Non- Medical Case Manager***

- Bachelor's degree and 1-3 years of experience working directly with clients, patients, or consumers (3+ years may substitute for degree). Strong ability to listen without judgment and assess needs. Must enjoy helping people to achieve their goals; Cultural awareness & sensitivity.
- Knowledge of or ability to research available community resources.
- PC (Windows, Microsoft) and internet proficient.
- Excellent written and verbal communication skills.
- Provide case management services to a caseload of clients who are living with HIV/AIDS.
- Work within a team-oriented environment to help clients access and adhere to HIV medical care, improve HIV medical outcomes, and increase self- sufficiency.

#### ***Bilingual Case Manager (Fluent in Spanish)***

- Bachelor's degree and 1-3 years of experience working directly with clients, patients, or consumers (3+ years may substitute for degree).
- Strong ability to listen without judgment and assess needs. Must enjoy helping people achieve goals; Cultural awareness & sensitivity; Knowledge of or ability to research available community resources. PC (Windows, Microsoft) and internet proficient.
- Provide case management services to a caseload of clients who are living with HIV/AIDS.
- This position will work within a team-oriented environment to help clients access and adhere to HIV medical care, improve HIV medical outcomes, and increase self-sufficiency.

### ***Quality Management***

WHWC will follow its most recent approved Quality Management Plan in providing and assessing all services. Please refer to WHWC's Quality Management Plan, March 1, 2016-February 28, 2017. When the new Quality Plan is approved for FY 2017, WHWC will comply with it.

### ***HRSA/HAB Ryan White Part A Program Monitoring Standards***

WHWC will comply with all applicable HRSA Program Monitoring Standards for this service category.

***Created:*** 2/24/2017 8:40:00 AM ***Last Modified:*** 4/18/2017 3:28:00 PM

## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2017

***Period End Date*** 2/28/2018

***HIV Service Category*** *SS-Psychosocial Support*

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### ***Client Eligibility***

Clients will be reassessed to determine continued eligibility every 6 months from the time eligibility was established or updated.

**HIV Status** – All clients must be HIV- positive. A computer-generated HIV+ lab test with the client's name preprinted or Healthcare Professional documentation who is providing HIV medical care to the client.

**Residency** – Individuals residing in Travis, Williamson, Bastrop, Hays, or Caldwell counties are eligible for this service.

**Lease/Rental agreement** in the name of the client or listing the client as an occupant; Property tax document's in the client's name; Utility/phone/cable bill in the client's name; Credit card bill in the client's name; Letter on company letterhead signed by the director of a recognized group home, care home, transitional living facility stating that the client is a resident; Any type of current business/or governmental correspondence with the client's name and address preprinted; or Pay stub with the client's name and address preprinted.

For those clients who are undocumented and/or homeless, the following forms of documentation are acceptable:

"Residency Verification Form;" or Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Income Level** – All clients must present proof of income. Payroll stub/copy of payroll check/bank statement showing direct payroll deposit; Letter from employer on company letterhead indicating weekly or monthly wages; Unemployment benefits letter/copy of check or bank statement showing direct deposit; IRS 1040 from/W2 form/I 099 form; Social Security award letter; VA benefits letter; private disability/pension letter on company letterhead; Medicaid letter; Child or spousal support order with judge's signature and date; Food Stamp and/or Temporary Assistance for Needy Families (TANF) award letter; Temporary "Affidavit of Self Disclosed Income Form"; or Documentation of any other income.

For those clients claiming no income, the following forms of documentation are acceptable:

"Affidavit of Self Disclosed Income Form;" Proof of application of Social Security; Client living off savings: bank/investment account statements form 3 consecutive months showing withdrawals for living expenses; Client being supported by someone else - statement signed and dated by the supporter, which includes the amount and type of support and the supporter's phone number for verification.

•Homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client.

**Insurance status** – All Clients must provide documentation of insurance status. Acceptable documentation includes:

•Verification of employment;

•Medicaid/Medicare or third party rejection letter covering the dates of service;

•Signed note in patient record showing date and tie of call to Medicaid/Medicare or third party (done monthly or at every visit, whichever is less frequent).

Undocumented and/or homeless clients - letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

### ***Target Populations***

This service is open to individuals living with HIV/AIDS who meet the eligibility requirements listed under Client Eligibility, and who have identified psychosocial needs related to HIV non-medical case management functions: Clients who do NOT require coordination or follow-up of medical care and treatments; referral, coordination and follow-up of certain ancillary services (e.g. housing, food, transportation) to help stabilize the client toward benefiting more effectively from medical intervention; clients who need assistance in applying for and ongoing assistance maintaining public/private benefit programs; other financial assistance needs.

Services will be offered to HIV-positive individuals not enrolled in any other HIV Case Management program. The Wright House Wellness Center's target population will include: men, women and transgender persons; White, African American, Latino/a, and others; individuals with current or previous substance abuse, including injection drug users; individuals with current or previous mental illness; and recently incarcerated individuals. 100% of the clients will be HIV-positive living within the Austin TGA.

### ***Service Category Activities***

***Created:*** 3/1/2017 12:22:00 PM ***Last Modified:*** 4/18/2017 3:26:00 PM

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## ***Program Work Statement By Service Category***

***Period Start Date*** 3/1/2017

***Period End Date*** 2/28/2018

### ***HIV Service Category SS-Psychosocial Support***

#### ***Service activities linked to Budget Justification***

Psychosocial Support Group - Offered by qualified, licensed mental health professional.

#### ***Frequency of these service activities***

The group will occur weekly on Tuesday nights, with some exceptions based on the needs and requests of the clients.

#### ***Location(s) of these service activities***

The group will meet at WHWC in the "living room." The address is 8101 Cameron Rd. Suite 105 Austin, TX 78754.

#### ***Staffing***

Licensed Therapist- currently Karen Breeding MA, LPC

Non-Medical Case Manager- Assists with getting eligibility documents, reporting, and keeping files for all the clients in the group. This case manager will also do data entry for the clients in ARIES to keep up with their medical adherence and other things. Currently this is Vincetta Green.

Executive Director- Will oversee data input into ARIES and will pull reports when time to report outputs and outcomes for Ryan White. Will also make sure that rules and standards are being followed according to HRSA/HAB.

#### ***Quality Management***

WHWC will follow its most recent approved Quality Management Plan in providing and assessing all services. Please refer to WHWC's Quality Management Plan, March 1, 2016-February 28, 2017. When the new Quality Plan is approved for FY 2017, WHWC will comply with it.

Note: The members of Psychosocial Support Services will not receive diagnoses nor will they have a plan of service beyond attending the group unless they have been referred to Medical Case Management services. Group notes will be kept in all individual files, but individual progress in the group will not be tracked. Relevant data will still be entered into ARIES when appropriate.

#### ***HRSA/HAB Ryan White Part A Program Monitoring Standards***

WHWC will comply with all applicable HRSA Program Monitoring Standards for this service category.

***Created:*** 3/1/2017 12:22:00 PM ***Last Modified:*** 4/18/2017 3:26:00 PM



**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outputs****HIV Service Category CS-Medical Case Management****Period Goal**

<b>Output Measure Description</b>		<b>Initial</b>			<b>Adjusted</b>			<b>Target</b>		
<b>How Data Is Compiled</b>										
OP1	For the current award funding, 812 units of Part A Medical Case Management services will be provided to eligible clients. 1 unit = 15 minutes of service  <ul style="list-style-type: none"> <li>•All clients will be assessed for service eligibility.</li> <li>•All clients will have a service plan.</li> <li>•Medical case managers will document client service plan progress in case notes.</li> <li>•Medical case managers will keep a confidential file on all clients.</li> <li>•All clients will be entered into ARIES not more than 5 days after initial intake.</li> </ul>	812						812		
OP2	For the current award funding, 11 unduplicated clients will be served.  <ul style="list-style-type: none"> <li>•7 new clients will be served</li> <li>•4 continuing clients will be served</li> </ul> <p>MCM will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The Executive Director will input this data into ARIES by the 10th of the month. The Executive Director will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.</p>	11						11		

Created: 2/24/2017 8:08:00 AM Last Modified: 3/21/2017 11:11:00 AM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outcomes****HIV Service Category CS-Medical Case Management**

<b>Outcome Measure Description</b>		<b>Period Goal</b>		
<b>What Data Is Collected</b>				
<b>How Data Is Compiled</b>				
<b>When Data Is Evaluated</b>		<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>
OC1	<p>Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year</p> <p>Outcome target: At least 72%</p> <p>Numerator: Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year.</p> <p>Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year</p> <p>Client Exclusions:</p> <ol style="list-style-type: none"> <li>1. Medical case management clients who initiated medical case management services in the last six months of the measurement year</li> <li>2. Medical case management clients who were discharged from medical case management services prior to six months of service in the measurement year</li> </ol> <p>MCM is responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include:</p> <ul style="list-style-type: none"> <li>•ARIES reports</li> <li>•Medical Care Plan and plan updates documented in client file</li> </ul> <p>Care plan goals will be evaluated and updated according to assessed acuity level.</p> <ul style="list-style-type: none"> <li>•MCM will analyze all MCM client care plans for development and updates indicated by acuity level.</li> <li>•MCM will report data to ED, who will verify data</li> <li>•ARIES, excel spreadsheets, word documents, client files</li> </ul> <p>Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).</p>	8	11	72.73
OC2	<p>Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits.</p> <p>Outcome target: At least 81%</p> <p>Numerator: Number of medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month</p>	9	11	81.82

Created: 2/24/2017 8:08:00 AM Last Modified: 3/21/2017 11:11:00 AM

## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2017

***Period Performance End*** 2/28/2018

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period and the last medical visit in the subsequent 6-month period

Denominator: Number of medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

MCM is responsible for collecting the data required to effectively assess and report on this measure. The Executive Director will input any applicable data into ARIES and will run reports. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates
  - Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by MCM and ED.
  - MCM will report data to ED, who will verify data
  - ARIES reports, excel spreadsheets, client file

Data will be collected and evaluated at the initial intake and assessment of clients and then at the level determined by the client's acuity score (at minimum).

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outputs****HIV Service Category SS-Case Management Non-medical****Period Goal**

<b>Output Measure Description</b>		<b>Initial Adjusted Target</b>		
<b>How Data Is Compiled</b>				
OP1	For the current award funding, about 1,928 units of Part A Non-Medical Case Management services will be provided to eligible clients. 1 unit of service = 15 minutes of service. <ul style="list-style-type: none"> <li>•All clients will be assessed for service eligibility</li> <li>•All clients will have a service plan.</li> <li>•Medical case managers will document client service plan progress in case notes.</li> <li>•Medical case managers will keep a confidential file on all clients.</li> <li>•All clients will be entered into ARIES not more than 5 days after initial intake.</li> </ul>	1928		<b>1928</b>
OP2	For the current award funding, about 21 unduplicated clients will be served. <ul style="list-style-type: none"> <li>•15 continuing clients estimated, and</li> <li>•6 new clients estimated</li> </ul> <p>Non-Medical Case Managers will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to the Executive Director by the 5th day of the next month for the previous month's activities. The ED will input this data into ARIES by the 10th of the month and will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.</p>	21		<b>21</b>

Created: 2/24/2017 8:16:00 AM Last Modified: 3/21/2017 11:18:00 AM

**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outcomes****HIV Service Category SS-Case Management Non-medical****Outcome Measure Description****Period Goal****What Data Is Collected****How Data Is Compiled****When Data Is Evaluated**

Numerator	Denominator	Target Percent
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OC1	<p>Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year</p> <p>Outcome target: At least 76%</p> <p>Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year.</p> <p>Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year</p> <p>Client Exclusions:</p> <ol style="list-style-type: none"> <li>1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year</li> <li>2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year</li> </ol> <p>NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:</p> <ul style="list-style-type: none"> <li>•ARIES reports</li> <li>•NMCM care plan updated in client file</li> <li>•Care plan goals will be evaluated and updated according to assessed acuity level.</li> <li>•NMCM will analyze all NMCM client care plans for development and updates indicated by acuity level.</li> <li>•NMCM will report data to ED, who will verify data</li> <li>•ARIES, excel spreadsheets, word documents, client files</li> </ul> <p>Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.</p>	16	21	76.19
OC2	<p>Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits</p>	17	21	80.95

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## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2017

***Period Performance End*** 2/28/2018

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Outcome target: At least 80%

Numerator: Number of non-medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates
  - Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.
  - NMCM will report data to ED, who will verify data
  - ARIES reports, excel spreadsheets, client file

Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outputs****HIV Service Category SS-Case Management Non-medical****Period Goal****Output Measure Description****Initial Adjusted Target****How Data Is Compiled**

OP1 For the current award funding, about 1,216 units of MAI Non-Medical Case Management services will be provided to eligible clients.

1216

1216

1 unit of service = 15 minutes of service.

- All clients will be assessed for service eligibility.
- All clients will have a service plan.
- NMCMS will document client service plan progress in case notes.
- NMCMS will keep a confidential file on all clients.

OP2 For the current award funding, about 32 unduplicated MAI clients will be served.

32

32

- 17 continuing clients estimate and
- 15 new clients estimated

NMCMS will track each client individually, recording units of service provided, date service was provided and case notes of that service interaction. All documentation will be provided to Executive Director by the 5th day of the next month for the previous month's activities. The ED will input this data into ARIES by the 10th of the month and will provide the Finance Director with a report to enable him to submit payment requests to the Administrative Agent.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outcomes****HIV Service Category SS-Case Management Non-medical**

<b>Outcome Measure Description</b>		<b>Period Goal</b>		
<b>What Data Is Collected</b>				
<b>How Data Is Compiled</b>				
<b>When Data Is Evaluated</b>		<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>
OC1	<p>Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year Outcome target: At least 78%</p> <p>Numerator: Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year. Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year Client Exclusions:</p> <ol style="list-style-type: none"> <li>1. Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year</li> <li>2. Non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year</li> </ol> <p>NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:</p> <ul style="list-style-type: none"> <li>•ARIES reports</li> <li>•NMCM care plan updated in client file</li> <li>•Care plan goals will be evaluated and updated according to assessed acuity level.</li> <li>•NMCM will analyze all NMCM client care plans for development and updates indicated by acuity level.</li> <li>•NMCM will report data to ED, who will verify data</li> <li>•ARIES, excel spreadsheets, word documents, client files</li> </ul> <p>Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.</p>	25	32	78.13
OC2	<p>Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits</p>	26	32	81.25

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## ***Program Performance for HIV Service Category***

***Period Performance Start*** 3/1/2017

***Period Performance End*** 2/28/2018

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Outcome target: At least 81%

Numerator: Number of non-medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of non-medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Client Exclusions: Clients who died at any time during the 12-month measurement period

NMCMs are responsible for collecting the data required to effectively assess and report on this measure. The specific data elements and values that will be collected include:

- ARIES reports, primary care appointment dates
- Physician follow-up forms, primary care appointment dates
  - Primary care appointment dates will be verified through ARIES (with shared status) and Physician Follow-Up forms (if no shared status) by NMCM and ED.
  - NMCM will report data to ED, who will verify data
  - ARIES reports, excel spreadsheets, client file

Data will be collected by NMCMs when meeting with clients and performing related activities. If needed, a follow-up contact with the service provider, or client will be made to confirm success of the referral. Data will be compiled in ARIES and appropriate client files. There is no set schedule for collection of this data, except when a referral is made, it will be followed up on within 10 working days.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outputs****HIV Service Category SS-Psychosocial Support****Period Goal****Output Measure Description****Initial****Adjusted****Target****How Data Is Compiled**

OP1 For the current award funding, about 1,380 units of service will be provided to eligible clients.  
1 unit of service=15 minutes

1380

1380

At the beginning of each session, the therapist has each client sign in on a session tracking log, which is turned in to the case manager. Information included on the log includes client name and date of group session. The case manager enters this information into ARIES. The number of sessions and number of clients seen with funds from Ryan White Part A funds are kept in the ARIES database. A report from ARIES will be able to identify the clients served and number of sessions provided through this grant.

OP2 For the current award funding, about 10 unduplicated clients will be served during the contract year.

10

10

- 3 estimated as continuing clients
- 7 estimated as new clients

When a client is referred or wants services, the information is entered into ARIES including client name, presenting problems, address, and basic demographics. This information will be used to count total clients. WHWC can determine which client is continuing or new to the group by information in ARIES. A report will be run in ARIES to determine the number of clients who attended sessions and if they were new or continuing clients.

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**Program Performance for HIV Service Category**

Period Performance Start 3/1/2017

Period Performance End 2/28/2018

**Outcomes****HIV Service Category SS-Psychosocial Support**

<b>Outcome Measure Description</b>		<b>Period Goal</b>		
<b>What Data Is Collected</b>				
<b>How Data Is Compiled</b>				
<b>When Data Is Evaluated</b>		<b>Numerator</b>	<b>Denominator</b>	<b>Target Percent</b>
OC1	<p>Percentage of psychosocial support services clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits.</p> <p>Outcome target: At least 80%</p> <p>Numerator: Number of psychosocial support services clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period</p> <p>Denominator: Number of psychosocial support services clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period</p> <p>Client Exclusions: Clients who died at any time during the 12-month measurement period</p> <p>Numerator:</p> <p>Therapists collect information regarding clients being in primary medical care on the assessment forms which are checked against ARIES data where possible. Clients report to the therapist who if anyone they are receiving medical care from and the last time they received care. Medical care and adherence to medications is often a topic raised at group sessions, and the therapist has ample opportunity to inquire about this issue. The case manager will also be able to find some of this information in ARIES.</p> <p>Information about medical care is collected on initial assessment and during sessions and entered into ARIES. The Executive Director runs a report on clients in medical care using ARIES.</p> <p>Data is collected at initial intake, discussed frequently during group meetings, and evaluated quarterly.</p>	8	10	80.00

Created: 3/1/2017 12:19:00 PM Last Modified: 3/21/2017 11:12:00 AM

**Program Budget for HIV - Direct Services**

Program Start Date 3/1/2017

Program End Date 2/28/2018

<b>Service Category</b>	<b>Personnel</b>	<b>Fringe</b>	<b>Travel</b>	<b>Equipment</b>	<b>Supplies</b>	<b>Contractuals</b>	<b>Other</b>	<b>Subtotal</b>
CS-Medical Case Management	12,728.88	3,182.22	0.00	0.00	2,015.28	0.00	8,061.12	<b>25,987.50</b>
SS-Case Management Non-medical	25,485.84	6,371.46	0.00	0.00	4,035.06	0.00	16,140.24	<b>52,032.60</b>
SS-Psychosocial Support	2,944.80	736.20	0.00	0.00	466.20	0.00	1,864.80	<b>6,012.00</b>
SS-Case Management Non-medical	16,192.08	4,048.02	0.00	0.00	2,563.38	0.00	10,253.52	<b>33,057.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>57,351.60</b>	<b>14,337.90</b>	<b>0.00</b>	<b>0.00</b>	<b>9,079.92</b>	<b>0.00</b>	<b>36,319.68</b>	<b>117,089.10</b>

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**Program Budget for HIV - Administrative Services**

Program Start Date 3/1/2017

Program End Date 2/28/2018

<i>Service Category</i>	<i>Personnel</i>	<i>Fringe</i>	<i>Travel</i>	<i>Equipment</i>	<i>Supplies</i>	<i>Contractuals</i>	<i>Other</i>	<i>Subtotal</i>
CS-Medical Case Management	1,414.32	353.58	0.00	0.00	223.92	0.00	895.68	<b>2,887.50</b>
SS-Case Management Non-medical	2,831.76	707.94	0.00	0.00	448.34	0.00	1,793.36	<b>5,781.40</b>
SS-Psychosocial Support	327.20	81.80	0.00	0.00	51.80	0.00	207.20	<b>668.00</b>
SS-Case Management Non-medical	1,799.12	449.78	0.00	0.00	284.82	0.00	1,139.28	<b>3,673.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>6,372.40</b>	<b>1,593.10</b>	<b>0.00</b>	<b>0.00</b>	<b>1,008.88</b>	<b>0.00</b>	<b>4,035.52</b>	<b>13,009.90</b>

Created: 3/21/2017 2:03:00 PM Last Modified:

**Program Budget for HIV - Combined Services and Narrative**

Program Start Date 3/1/2017

Program End Date 2/28/2018

<i>Service Category</i>	<i>Personnel</i>	<i>Fringe</i>	<i>Travel</i>	<i>Equipment</i>	<i>Supplies</i>	<i>Contractuals</i>	<i>Other</i>	<i>Subtotal</i>
CS-Medical Case Management	14,143.20	3,535.80	0.00	0.00	2,239.20	0.00	8,956.80	<b>28,875.00</b>
SS-Case Management Non-medical	28,317.60	7,079.40	0.00	0.00	4,483.40	0.00	17,933.60	<b>57,814.00</b>
SS-Psychosocial Support	3,272.00	818.00	0.00	0.00	518.00	0.00	2,072.00	<b>6,680.00</b>
SS-Case Management Non-medical	17,991.20	4,497.80	0.00	0.00	2,848.20	0.00	11,392.80	<b>36,730.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
Reserved for Future Use	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Subtotal</b>	<b>63,724.00</b>	<b>15,931.00</b>	<b>0.00</b>	<b>0.00</b>	<b>10,088.80</b>	<b>0.00</b>	<b>40,355.20</b>	<b>130,099.00</b>

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## ***Program Budget for HIV - Combined Services and Narrative***

<b><i>Service Category</i></b>	<b><i>Budget Narrative</i></b>
CS-Medical Case Management	Part A - MCM: Salaries, Benefits, Supplies and Other eligible costs for providing this service
SS-Case Management Non-medical	Part A - NMCM: Salaries, Benefits, Supplies and Other eligible costs for providing this service
SS-Psychosocial Support	Part A - Psychosocial: Salaries, Benefits, Supplies and Other eligible costs for providing this service
SS-Case Management Non-medical	MAI - NMCM: Salaries, Benefits, Supplies and Other eligible costs for providing this service

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**City of Austin, Texas  
EQUAL EMPLOYMENT/FAIR HOUSING OFFICE  
NON-DISCRIMINATION CERTIFICATION**

**City of Austin, Texas  
Human Rights Commission**

To: City of Austin, Texas, ("OWNER")

I hereby certify that our firm conforms to the Code of the City of Austin, Section 5-4-2 as reiterated below:  
Chapter 5-4. Discrimination in Employment by City Contractors.

**Sec. 4-2 Discriminatory Employment Practices Prohibited.** As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations and agrees:

- (B) (1) Not to engage in any discriminatory employment practice defined in this chapter.
- (2) To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter. Such affirmative action shall include, but not be limited to: all aspects of employment, including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising; selection for training and apprenticeship, rates of pay or other form of compensation, and layoff or termination.
- (3) To post in conspicuous places, available to employees and applicants for employment, notices to be provided by OWNER setting forth the provisions of this chapter.
- (4) To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, veteran status, sex or age.
- (5) To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.
- (6) To cooperate fully with OWNER's Human Rights Commission in connection with any investigation or conciliation effort of said Human Rights Commission to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.
- (7) To require compliance with provisions of this chapter by all subcontractors having fifteen or more employees who hold any subcontract providing for the expenditure of \$2,000 or more in connection with any contract with OWNER subject to the terms of this chapter.

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Standard Nondiscrimination Policy set forth below.

**City of Austin  
Minimum Standard Non-Discrimination In Employment Policy:**

*As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.*

*The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment, including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.*

*Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for*

addressing their complaint, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE A COPY TO THE CITY OF THE CONTRACTOR'S NON-DISCRIMINATION POLICY ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION POLICY, AS SET FORTH HEREIN, OR THIS NON-DISCRIMINATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES (THE FORM OF WHICH HAS BEEN APPROVED BY THE CITY'S EQUAL EMPLOYMENT/FAIR HOUSING OFFICE), WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

**Sanctions:**

Our firm understands that non-compliance with Chapter 5-4 may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4.

**Term:**

The Contractor agrees that this Section 0800 Non-Discrimination Certificate or the Contractor's separate conforming policy, which the Contractor has executed and filed with the Owner, will remain in force and effect for one year from the date of filing. The Contractor further agrees that, in consideration of the receipt of continued Contract payments, the Contractor's Non-Discrimination Policy will automatically renew from year-to-year for the term of the underlying Contract.

Dated this 11<sup>th</sup> day of April, 2017

CONTRACTOR  
Authorized  
Signature

Title

Lauren Potter - White  
Lauren Potter  
Executive Director

# **EXHIBIT D**

## **RYAN WHITE PART A REQUIRED REPORTS**

### **PERFORMANCE and FINANCIAL REPORT DELIVERY SCHEDULE**

*Partial list of required reports with due dates on next page*

Current reporting forms and assistance are available from  
HIV Resources Administration Unit/ Austin Health and Human Services Dept.



## REQUIRED PERFORMANCE and FINANCIAL REPORTS

### Delivery Schedule for Ryan White Part A/MAI Grant Agreements and Contracts

Partial list of required forms and reports, to be submitted no later than the indicated due dates:

Reporting Requirements	Due Dates
<b>ARIES Monthly Data Report and ARIES YTD Data Report</b> (for each sub/service category: Actual Units delivered and Unduplicated Clients served for the billed month, and also cumulative Year-to-Date totals. <b>For MAI program – breakdown by target group is also required</b> )	Ongoing ARIES data input is required. Two ARIES Data Reports are due monthly, no later than the 15 <sup>th</sup> of each month for the previous month, uploaded into CIODM (Community Information Online Data Management) system
<b>Monthly Performance Report and Monthly Financial Summary spreadsheets</b> , including Program Income and Administrative Expenditures	Due no later than the 15 <sup>th</sup> of each month for the previous month, uploaded <b>complete MS Excel spreadsheet sets</b> into CIODM system
<i>(As applicable for each month where expenditures or performance are not within expected range):</i> <b>Monthly Expenditure and Performance Variance Report</b> by HIV Service Category (submitted in MS Word format)	For each service category that meets criteria (instructions on form), a separate form is due no later than the 15 <sup>th</sup> of each month, <b>uploaded as MS Word formatted file</b> into CIODM system
<b>Contractor Detail for Monthly Expenditures Report</b> (general ledger/financial system transactions documentation)	Submit contract actual monthly & YTD expenditures report generated from the Contractor's financial management system. Due no later than the 15 <sup>th</sup> of each month for the previous month, uploaded into CIODM system
<b>Semi-Annual OUTCOME Performance Measures report</b> with cumulative YTD client results for numerators, denominators, and percentage rates achieved	October 14, 2017 (initial 6-month report) and April 14, 2018 (final 12-month cumulative YTD report) on forms and following instructions as provided by City
<b>Ryan White Program Services Report (RSR)</b> for calendar year 2017 submitted online into HRSA's EHB system, or as directed	March 2018, or as directed by City – for period January through December 2017
<b>Administrative and Fiscal Review (AFR)</b> Annual report with all required attachments submitted in CIODM or as directed	May 31, 2017 or as directed by City
<b>Final Term Period Closeout Report</b> for March 1, 2017 – February 28, 2018	April 14, 2017
<b>Annual Audit/ Financial Report</b> with Management Letter and all related items	No later than 180 calendar days after close of provider agency's fiscal year

# **EXHIBIT E**

## **MODIFICATIONS TO THE STANDARD APH AGREEMENT**

### **RYAN WHITE HIV/AIDS PROGRAM (RWHAP) PART A HIV SERVICES**

As Administrative Agent for the Austin TGA (Transitional Grant Area), the City has received a Ryan White Treatment Modernization Act Part A Grant ("Grant") from the United States Department of Health and Human Services (HHS), which is administered by the Federal Health Resources and Services Administration (HRSA). The City wishes to purchase from Grantee services for eligible clients living with HIV/AIDS in accordance with Grant Terms. (In the Agreement and in this Modifications document, "Grantee" refers to the party who will provide services for the City.) Grantee agrees to provide services to the City in accordance with the terms of the Agreement, this Modifications document, and the terms of the Grant, a copy of which has been provided to and reviewed by Grantee.

Grantee must comply with all applicable legislative and program requirements for the Grant and other Federal regulations.

1. Section 4.1.1. of the Agreement is deleted in its entirety and replaced by the following:

4.1.1. Grantee may not transfer any funds between different Service Categories without advance written approval from the City. Within a Service Category Budget, line item amounts under the major budget categories of Personnel, Fringe Benefits, Equipment, Travel, Supplies, Contractual and Other can be changed without prior approval, as long as the changes do not exceed ten percent (10%) of the total Service Category Budget. When there is a decrease or increase in a major budget category amount, the change must be recorded on all affected tab sheets under the Approved Budget Allocation column on the HIV Monthly Financial Report. When budget changes cumulatively exceed ten percent (10%) of the total Service Category Budget, Grantee shall submit a written request for Budget reallocation approval by the City's Agreement Manager.

2. Section 4 of the Agreement is modified to add the following as 4.1.3.:

4.1.3. Grantee agrees to provide budget information with sufficient detail to allow identification of applicable expenses as defined in the HRSA HIV/AIDS Bureau Policy Clarification Notice 15-01, *Treatment of Costs Under the 10% Administrative Cap For Ryan White HIV/AIDS Program Parts A, B, C, and D*, and other applicable Federal guidance. Grantee will provide expenditure reports as required by the City that track expenses with sufficient detail to permit review of cost elements.

3. Section 4.7.4. of the Agreement is deleted in its entirety and replaced by the following:

4.7.4. The City shall not be liable to Grantee for any costs that have been paid under other agreements or from other funds. In addition, the City shall not be liable for any costs incurred by Grantee that were: a) incurred prior to the effective date of this Agreement, or b) not billed to the City at least five (5) business days before the Grantee's Program Period Closeout Report is submitted or due, whichever comes first.

4. Section 4 of the Agreement is modified to add the following as Section 4.7.9.:

4.7.9. Grantee agrees to collect and report program income as required by this Agreement and the Grant, and to list all program income received in its monthly performance and financial reports. The program income is to be returned to the respective HIV/AIDS program and used for eligible program costs. Program income is gross income directly generated by the grant-supported activity or earned as a result of the grant award. Program income includes, but is not limited to, income from fees for services performed such as direct payment, or reimbursements received from Medicaid, Medicare, private insurance or any third-party payers. Direct payment includes, but is not limited to enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges. Grantee agrees to add program income to Agreement funds and use program income to further eligible project or program objectives. Grantee shall ensure that systems are in place to account for program income. Program income shall be reported on the HIV Services Monthly Financial Summary Report and on other report formats as required by the City.

5. Section 4.8.3. of the Agreement is modified to include the following additional items as allowable only with prior written authorization:

9. Administrative costs up to 10% of the total Program Period Agreement expenditures

6. Section 4.8.4. of the Agreement is modified to include the following additional items as specifically **not allowable** with funds under this Agreement:

- 21. Expenses subject to reimbursement by a source other than the City
- 22. Expenses claimed that would supplant other funding sources already in place
- 23. Funding for Syringe Services Programs, inclusive of syringe exchange, access, and disposal
- 24. Pre-Exposure Prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP)
- 25. Administrative costs in excess of 10% of the total Program Period Agreement expenditures
- 26. Outreach programs and/or services that have HIV prevention education as their exclusive purpose, or broad-scope awareness activities about HIV services that target the general public

7. Section 4 of the Agreement is modified to add the following as Section 4.8.5.:

**4.8.5. *Special Conditions Related to the Purchase of Pharmaceuticals.*** Funds awarded for pharmaceuticals shall meet the following Federal requirements:

4.8.5.1. Funds may only be spent for pharmaceuticals to assist clients who have been determined to be ineligible for other pharmaceutical assistance programs, including but not limited to the AIDS Drug Assistance Program (ADAP), while they await entrance into such programs, and/or for drugs that are not on the State ADAP or Medicaid formulary.

4.8.5.2. If Grantee reimburses clients for outpatient drugs, an assessment must be made to determine whether Grantee's drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (see OMB Uniform Guidance at [www.grants.gov/web/grants/learn-grants/grant-policies.html](http://www.grants.gov/web/grants/learn-grants/grant-policies.html)). If Grantee is eligible to be a covered entity under Section 340B of the Public Health Service Act, and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs, as defined by that section, failure to participate may result in a negative audit finding, cost disallowance, or grant funding offset.

8. Section 4 of the Agreement is modified to add the following as Section 4.8.6:

**4.8.6. *Special Conditions Related to Cash and Cash Equivalent Payments.*** RWHAP funds cannot be used to make cash payments to intended clients of core medical or support services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of a service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Grantees must



administer voucher and store gift card programs in a manner that assures that vouchers or gift cards cannot be exchanged for cash or used for anything other than allowable goods and services, and must have a system in place to account for disbursed vouchers and store gift cards. General-use prepaid cards, which generally bear the logo of a payment network such as Visa, Mastercard, or American Express, are considered "cash equivalents" and are unallowable. Gift cards that are co-branded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are considered general-use prepaid cards and are therefore not allowable.

9. Section 4 of the Agreement is modified to include the following as Section 4.8.7:

*4.8.7. Maximum Salary for Grant-Funded Positions.* Public Law 114-113 limits the salary amount for any given individual that may be charged to HRSA grants and cooperative agreements to the current Federal Executive Pay Scale II rate. This amount reflects an individual's base salary exclusive of fringe benefits. This limitation does not apply to payments made to consultants, although such payments must meet the test of reasonableness. This action does not limit an individual's compensation, only the portion which may be charged to Grant funds.

10. Section 4.9.2. of the Agreement is deleted in its entirety and replaced by the following:

4.9.2. Additional monthly reports required by the Agreement include, but are not limited to the HIV Monthly Financial Summary Report, Monthly Performance Report, AIDS Regional Information and Evaluation System (ARIES) Monthly and Year-To-Date (YTD) Data Reports, and, if applicable, Monthly Expenditure and Performance Variance Report. The reports must be submitted to the City using the same deadlines as in Section 4.9.1. Payment Requests will not be approved and processed until additional required reports are received, reviewed, and approved.

4.9.2.1. To attain standardized unduplicated client-level data management, the Grantee agrees to use the AIDS Regional Information and Evaluation System (ARIES) or other data management system designated by the City. Grantee shall ensure that complete and correct client-level data are entered into ARIES. Grantee shall enter service delivery data into ARIES or other data management system designated by the City, within five (5) business days of providing the service.

4.9.2.2. Grantee shall determine on a monthly basis that the cumulative number of units of service delivered and the cumulative amount of reimbursement requested both fall within ten percent (10%) below or above the appropriate level at that particular time during the Agreement term for service measure deliverables and projected expenditure spend-down.

4.9.2.3. If an Service Category Program Period-to-date expenditure or performance result is not within the acceptable ten percent (10%) variance, written explanation must be provided on the Monthly Expenditure and Performance Variance Report.

4.9.2.4. If the cumulative service delivery or amount of reimbursement is not within the ten percent (10%) level, City may require Grantee to either:

- i. submit a revised expenditure plan; or
- ii. amend the budget amount for this Agreement to the amount projected to be expended, as determined by the City.

11. Section 4.9.3. of the Agreement is deleted in its entirety.

12. Section 4.9.4. of the Agreement is deleted in its entirety and replaced by the following:

4.9.4 An Agreement Closeout Summary report using the forms shown at <http://www.ckodm.com/austin/>, or substitute forms designated by the City, shall be completed by the Grantee and submitted to the City within forty-five (45) calendar days following the expiration or termination of this Agreement. Any encumbrances of funds incurred prior to the date of termination of this Agreement shall be subject to verification by the City. Upon termination of this Agreement, any unused funds, unobligated funds, rebates, credits, or interest earned on funds received under this Agreement shall be returned to the City.

13. Section 4.11.1 of the Agreement is deleted in its entirety and replaced by the following:

4.11.1. Grantee agrees that the City or its designee may carry out monitoring and evaluation activities to ensure adherence by the Grantee and Subgrantees to the Program Work Statement, Program Performance Measures, and Program Budget, as well as other provisions of this Agreement. Grantee shall fully cooperate in any monitoring or review by the City and further agrees to designate a staff member to coordinate monitoring and evaluation activities. The City will notify Grantee in writing of any deficiencies noted during such monitoring. Grantee shall respond to the monitoring report by the required deadline. The City will provide technical assistance, upon request, to Grantee and will require or suggest changes in Grantee's program implementation or in Grantee's accounting, personnel, procurement, and management procedures in order to correct any deficiencies noted. The City will conduct follow-up visits to review and assess the efforts Grantee has made to correct previously noted deficiencies. The City may terminate this Agreement or invoke other remedies in the event monitoring reveals material deficiencies in Grantee's performance or if Grantee fails to correct any deficiency within the time allowed by federal or City laws or regulations.

14. Section 4.13.2. of the Agreement is deleted in its entirety and replaced by the following:

4.13.2. Written notification must be given to the City within five (5) calendar days of delivery of nonexpendable property (defined as anything that has a life or utility of more than one (1) year and an acquisition cost, including freight, of five thousand dollars (\$5,000) or more per unit in order for the City to effect identification and recording for inventory purposes. Grantee shall maintain adequate accountability and control over such property, maintain adequate property records, perform an annual physical inventory of all such property, and report this information in the Closeout Summary Report, due forty-five (45) days after the end of the Agreement Term.

15. Section 7.2. of the Agreement is deleted in its entirety and replaced by the following:

**7.2. Performance Standards**

7.2.1. Grantee warrants and represents that all services provided under this Agreement shall be fully and timely performed in a good and workmanlike manner in accordance with generally accepted community standards and, if applicable, professional standards and practices. Grantee may not limit, exclude, or disclaim this warranty or any warranty implied by law, and any attempt to do so shall be without force or effect. If the Grantee is unable or unwilling to perform its services in accordance with the above standard as required by the City, then in addition to any other available remedy, the City may reduce the amount of services it may be required to purchase under the Agreement from the Grantee, and purchase conforming services from other sources. In such event, the Grantee shall pay to the City upon demand the increased cost, if any, incurred by the City to procure such services from another source. Grantee agrees to participate with City staff to update the performance measures.

7.2.2. Grantee warrants that it has reviewed the applicable Austin Area Standards of Care, agrees to observe them, and agrees that they are incorporated by reference. Grantee shall provide training to staff on applicable Standards of Care related to their positions, including within ninety (90) calendar days of receipt of the Standards of Care from HHSD, within thirty (30) calendar days of new employee hire date, and at least annually thereafter. Documentation of current Standards of Care training shall be maintained and reported as required by HHSD.

7.2.3. Grantee must have and adhere to a Grievance Policy and Procedures that shall be available in both English and Spanish and posted in a public area that is accessible to clients. Grantee shall adhere to the Austin Area Grievance Policy and Procedures. Clients may request an appeal for termination.

7.2.4. Grantee agrees to participate in City's clinical Quality Improvement Management Program and comply with all related training and other requirements, including site visits, Clinical Quality Improvement Committee and subcommittee meetings, needs assessments, annual client satisfaction surveys as directed by the City, service utilization reviews, and other case reviews and chart audits as identified by

the City through the Clinical Quality Improvement process. Grantee agrees to actively participate and use the Plan, Do, Study, Act (PDSA) model for service improvements. Grantee shall provide the City with a Grantee-specific Quality Improvement Plan that is updated annually, reflects changes/improvements in care, addresses identified client needs, and is consistent with the overall Austin Transitional Grant Area (TGA) Quality Management Plan and Quality Goals. Grantee will provide a copy of this plan to the City no later than 90 calendar days of the effective date of this Agreement or as directed by the City. Grantee agrees that it has reviewed the Austin TGA Quality Management Plan and Quality Goals, agrees to comply with them, and that they are incorporated by reference.

7.2.5. Grantee agrees to comply with established ARIES data standards and policies by:

7.2.5.1. Completing input for all required ARIES data elements within established timelines.

7.2.5.2. Ensuring that established thresholds for missing, unknown, or inconsistent ARIES required data elements are not exceeded.

7.2.5.3. Participating in data-related trainings or other technical assistance activities.

7.2.5.4. Responding to periodic ARIES data requests and related desktop monitoring processes conducted by the City.

7.2.5.5. Ensuring that all ARIES data users are aware of data standards and policies and that new users receive training prior to entering data into the system.

7.2.6. Grantee shall document in writing its referral relationships with points of entry to help identify HIV-positive clients and refer them into the health care system. Points of entry include emergency rooms, substance abuse treatment programs, detoxification programs, detention facilities, sexually transmitted disease (STD) clinics, Federally Qualified Health Centers, HIV counseling and testing sites, mental health programs, and homeless shelters. Documented referral agreements shall take the form of Memoranda of Understanding, interagency contacts, or other formal agreements that include the names of parties involved, timeframe or term of the agreement, a clearly defined referral process, and a follow-up mechanism to ensure referrals take place. Grantee shall establish and document a referral relationship with each applicable point of entry, retain subsequent client referral documentation, and make such documentation available for review by the City.

7.2.7. Contractor agrees to meet specific program and fiscal requirements as detailed in the *National Monitoring Standards for Ryan White Grantees*. Contractor has reviewed these Standards, agrees to comply with them, and they are incorporated by reference.

16. The Agreement is modified to add the following as Section 8.31:

**Services to Veterans.** Grantee agrees not to deny services, including but not limited to prescription drugs, to a veteran who is otherwise eligible for Ryan White HIV/AIDS services in accordance with RWHAP Policy Notice 04-01 regarding veterans living with HIV/AIDS.

17. The Agreement is modified to add the following as Section 8.32:

**8.32. Maintenance of Effort.** Contractor agrees to comply with Ryan White HIV/AIDS Treatment Modernization Act Maintenance of Effort requirements and shall maintain adequate systems for consistently tracking and reporting on HIV/AIDS-related expenditure data as required by the City and HRSA.

18. The Agreement is modified to add the following as Section 8.33:

**8.33 Pro-Children Act.** Grantee agrees to comply with the Pro-Children Act of 1994 [20 USC Sec. 6081, *et seq.*], which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely for the provision of health, day care, education, or library services to children under the age of 18 if the services are funded by Federal programs either directly or through State or local governments by Federal grant, contract, loan, or loan guarantee.

19. The Agreement is modified to add the following as Section 8.34:



**8.34. Payer of Last Resort/Client Eligibility.** Grantee and its subgrantees are expected to vigorously pursue eligibility for other funding sources (e.g., Affordable Care Act [ACA] Marketplace, Medicaid, CHIP, Medicare, other State-funded HIV/AIDS programs, employer-sponsored health insurance coverage and/or other private health insurance) in order to extend Grant resources to new clients and/or needed services, maintain policies regarding the required process for pursuing medical benefits enrollment for all eligible clients, and document the steps taken to pursue enrollment for all clients as stated in the current HRSA Policy Clarification Notices and pursuant to other HRSA and Federal requirements.

Grantee shall not use funds provided under this Agreement to pay for Medicaid/Medicare covered services for eligible clients. Grantee shall bill all eligible or available third-party payers before seeking reimbursement under this agreement. A grantee that provides service that are reimbursable by Medicare/Medicaid shall be certified to receive Medicare/Medicaid services and shall provide documentation of certification to the City.

In accordance with the RWHAP client eligibility determination and recertification requirements (Policy Clarification Notice 13-02), HRSA expects clients' eligibility to be assessed during the initial eligibility determination, at least every six months, and at least once a year (whether defined as a 12 month period or calendar year) or whenever changes occur with a client's residency, income, or insurance status to ensure that the program only serves eligible clients, and that RWHAP is the payer of last resort.

20. The Agreement is modified to add the following as Section 8.35:

**8.35. Whistleblower Statutes.** Grantee agrees to comply with all Federal "Whistleblower" protection statutes, including 41 U.S.C. 4712, and to notify all employees and subgrantees in writing that they are subject to those statutes' rights and remedies.

21. The Agreement is modified to add the following as Section 8.36:

**8.36. Treatment of Same-Sex Spouses, Marriages, and Households.** In any Grant-related activity in which family, marital or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, Grantee must treat same-sex spouses, marriages, and households on the same terms and opposite-sex spouses, marriages, and households. By "same-sex spouses," DHHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or foreign country, regardless of whether the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," DHHS does not mean registered domestic partnerships, civil unions, or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This terms applies to all grant programs except block grants governed by 45 CFR Part 98, or grant awards made under titles IVA, XIX, and XXI of the Social Security Act, and grant programs with approved deviations.

22. The Agreement is modified to add the following as Section 8.37:

**8.37. Sliding Scale and Maximum Annual Charges.** Persons with an income at or below 100% of the current federal poverty line may not be charged for any services covered by this Agreement. All other clients may be charged a fee based on income. The Grantee shall develop a sliding fee schedule based on current federal poverty income guidelines, and a mechanism capable of billing patients and third party payers. Grantee shall make reasonable efforts to collect from patients and third parties. A copy of the proposed fee schedule must be posted in an area accessible to all clients. No client shall be denied services because of an inability to pay. Grantee agrees to limit annual charges to clients based upon an individual client's annual gross income, and on Grantees client schedule of charges, documented annually. Grantee shall ensure that annual charges for HIV care from any and all providers do not exceed ten percent (10%) of an individual's annual gross income, based on billing documentation provided by clients. Grantee shall limit the annual cumulative charges to an individual for HIV-related services as provided in the following table:

<b>Client Income</b>	<b>Maximum Charge (annual cap)</b>
At or below 100% of Federal Poverty Level (FPL)	\$0
101% to 200% of FPL	No more than 5% of gross annual income
201% to 300% of FPL	No more than 7% of gross annual income
Over 300% of FPL	No more than 10% of gross annual income

23. The Agreement is modified to add the following as Section 8.38:

**8.38. Personnel Job Descriptions.** Resumes for professional staff not included in the grant application or who are subsequently hired/assigned to this grant program must be submitted to the City within twenty (20) calendar days of their appointment to the program.

## BUSINESS ASSOCIATE AGREEMENT PROVISIONS

This Business Associate Agreement (the "Agreement"), is made by and between the Grantee (Business Associate) and the City (Covered Entity) (collectively the "Parties") to comply with privacy standards adopted by the U.S. Department of Health and Human Services as they may be amended from time to time, 45 C.F.R. parts 160 and 164 ("the Privacy Rule") and security standards adopted by the U.S. Department of Health and Human Services as they may be amended from time to time, 45 C.F.R. parts 160, 162 and 164, subpart C ("the Security Rule"), and the Health Information Technology for Economic and Clinical Health (HITECH) Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 and regulations promulgated there under and any applicable state confidentiality laws.

### RECITALS

WHEREAS, Business Associate provides services outlined in Exhibit A.1 to or on behalf of Covered Entity;

WHEREAS, in connection with these services, Covered Entity discloses to Business Associate certain protected health information that is subject to protection under the HIPAA Rules; and

WHEREAS, the HIPAA Rules require that Covered Entity receive adequate assurances that Business Associate will comply with certain obligations with respect to the PHI received, maintained, or transmitted in the course of providing services to or on behalf of Covered Entity.

NOW THEREFORE, in consideration of the mutual promises and covenants herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

- A. Definitions. Terms used herein, but not otherwise defined, shall have meaning ascribed by the Privacy Rule and the Security Rule.
1. Breach. "Breach" shall have the same meaning as the term "breach" in 45 C.F.R. §164.502.
  2. Business Associate. "Business Associate" shall have the same meaning as the term "business associate" in 45 C.F.R. §160.103 and in reference to the party to this agreement, shall mean Grantee.
  3. Covered Entity. "Covered Entity" shall have the same meaning as the term "covered entity" in 45 C.F.R. §160.103 and in reference to the party to this agreement shall mean The City of Austin.
  4. Designated Record Set. "Designated Record Set" shall mean a group of records maintained by or for a Covered Entity that is: (i) the medical records and billing records about Individuals maintained by or for a covered health care provider; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the covered entity to make decisions about Individuals. For purposes of



this definition, the term “record” means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

5. HIPAA Rules. The Privacy Rule and the Security Rule and amendments codified and promulgated by the HITECH Act are referred to collectively herein as “HIPAA Rules.”
  6. Individual. “Individual” shall mean the person who is the subject of the protected health information.
  7. Incident. “Incident” means a potential or attempted unauthorized access, use, disclosure, modification, loss or destruction of PHI, which has the potential for jeopardizing the confidentiality, integrity or availability of the PHI.
  8. Protected Health Information (“PHI”). “Protected Health Information” or PHI shall have the same meaning as the term “protected health information” in 45 C.F.R. §160.103, limited to the information created, received, maintained or transmitted by Business Associate from or on behalf of covered entity pursuant to this Agreement.
  9. Required by Law. “Required by Law” shall mean a mandate contained in law that compels a use or disclosure of PHI.
  10. Secretary. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his or her Designee.
  11. Sensitive Personal Information. “Sensitive Personal Information” shall mean an individual’s first name or first initial and last name in combination with any one or more of the following items, if the name and the items are not encrypted: a) social security number; driver’s license number or government-issued identification number; or account number or credit or debit card number in combination with any required security code, access code, or password that would permit access to an individual’s financial account; or b) information that identifies an individual and relates to: the physical or mental health or condition of the individual; the provision of health care to the individual; or payment for the provision of health care to the individual.
  12. Subcontractor. “subcontractor” shall have the same meaning as the term “subcontractor” in 45 C.F.R. §160.103.
  13. Unsecured PHI. “Unsecured PHI” shall mean PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Public Law 111-5.
- B. Purposes for which PHI May Be Disclosed to Business Associate. In connection with the services provided by Business Associate to or on behalf of Covered Entity described in this

Agreement, Covered Entity may disclose PHI to Business Associate for the purposes of providing a social service.

C. Obligations of Covered Entity. If deemed applicable by Covered Entity, Covered Entity shall:

1. provide Business Associate a copy of its Notice of Privacy Practices ("Notice") produced by Covered Entity in accordance with 45 C.F.R. 164.520 as well as any changes to such Notice;
2. provide Business Associate with any changes in, or revocation of, authorizations by Individuals relating to the use and/or disclosure of PHI, if such changes affect Business Associate's permitted or required uses and/or disclosures;
3. notify Business Associate of any restriction to the use and/or disclosure of PHI to which Covered Entity has agreed in accordance with 45 C.F.R. 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI;
4. not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by the Covered entity;
5. notify Business Associate of any amendment to PHI to which Covered Entity has agreed that affects a Designated Record Set maintained by Business Associate;
6. if Business Associate maintains a Designated Record Set, provide Business Associate with a copy of its policies and procedures related to an Individual's right to: access PHI; request an amendment to PHI; request confidential communications of PHI; or request an accounting of disclosures of PHI; and,
7. direct, review and control notification made by the Business Associate of individuals of breach of their Unsecured PHI in accordance with the requirements set forth in 45 C.F.R. §164.404.

D. Obligations of Business Associate. Business Associate agrees to comply with applicable federal and state confidentiality and security laws, specifically the provisions of the HIPAA Rules applicable to business associates, including:

1. Use and Disclosure of PHI. Except as otherwise permitted by this Agreement or applicable law, Business Associate shall not use or disclose PHI except as necessary to provide Services described above to or on behalf of Covered Entity, and shall not use or disclose PHI that would violate the HIPAA Rules if used or disclosed by Covered Entity. Also, knowing that there are certain restrictions on disclosure of PHI. Provided, however, Business Associate may use and disclose PHI as necessary for the proper management and administration of Business Associate, or to carry out its legal responsibilities. Business Associate shall in such cases:

- (a) provide information and training to members of its workforce using or disclosing PHI regarding the confidentiality requirements of the HIPAA Rules and this Agreement;
  - (b) obtain reasonable assurances from the person or entity to whom the PHI is disclosed that: (a) the PHI will be held confidential and further used and disclosed only as Required by Law or for the purpose for which it was disclosed to the person or entity; and (b) the person or entity will notify Business Associate of any instances of which it is aware in which confidentiality of the PHI has been breached; and
  - (c) agree to notify the designated Privacy Officer of Covered Entity of any instances of which it is aware in which the PHI is used or disclosed for a purpose that is not otherwise provided for in this Agreement or for a purpose not expressly permitted by the HIPAA Rules.
- 2. Data Aggregation. In the event that Business Associate works for more than one Covered Entity, Business Associate is permitted to use and disclose PHI for data aggregation purposes, however, only in order to analyze data for permitted health care operations, and only to the extent that such use is permitted under the HIPAA Rules.
- 3. De-identified Information. Business Associate may use and disclose de-identified health information if written approval from the Covered Entity is obtained, and the PHI is de-identified in compliance with the HIPAA Rules. Moreover, Business Associate shall review and comply with the requirements defined under Section E. of this Agreement.
- 4. Safeguards.
  - (a) Business Associate shall maintain appropriate safeguards to ensure that PHI is not used or disclosed other than as provided by this Agreement or as Required by Law. Business Associate shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any paper or electronic PHI it creates, receives, maintains, or transmits on behalf of Covered Entity.
  - (b) Business Associate shall assure that all PHI be secured when accessed by Business Associate's employees, agents or subcontractor. Any access to PHI by Business Associate's employees, agents or subcontractors shall be limited to legitimate business needs while working with PHI. Any personnel changes by Business Associate, eliminating the legitimate business needs for employees, agents or contractors access to PHI – either by revision of duties or termination – shall be immediately reported to Covered Entity. Such reporting shall be made no later than the third business day after the personnel change becomes effective.



5. Minimum Necessary. Business Associate shall ensure that all uses and disclosures of PHI are subject to the principle of “minimum necessary use and disclosure,” i.e., that only PHI that is the minimum necessary to accomplish the intended purpose of the use, disclosure, or request is used or disclosed; and, the use of limited data sets when possible.
6. Disclosure to Agents and Subcontractors. If Business Associate discloses PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, to agents, including a subcontractor, Business Associate shall require the agent or subcontractor to agree to the same restrictions and conditions as apply to Business Associate under this Agreement. Business Associate shall ensure that any agent, including a subcontractor, agrees to implement reasonable and appropriate safeguards to protect the confidentiality, integrity, and availability of the paper or electronic PHI that it creates, receives, maintains, or transmits on behalf of the Covered Entity. Business Associate shall be liable to Covered Entity for any acts, failures or omissions of the agent or subcontractor in providing the services as if they were Business Associate’s own acts, failures or omissions, to the extent permitted by law. Business Associate further expressly warrants that its agents or subcontractors will be specifically advised of, and will comply in all respects with, the terms of this Agreement.
7. Individual Rights Regarding Designated Record Sets. If Business Associate maintains a Designated Record Set on behalf of Covered Entity Business Associate agrees as follows:
  - (a) Individual Right to Copy or Inspection. Business Associate agrees that if it maintains a Designated Record Set for Covered Entity that is not maintained by Covered Entity, it will permit an Individual to inspect or copy PHI about the Individual in that set as directed by Covered Entity to meet the requirements of 45 C.F.R. § 164.524. If the PHI is in electronic format, the Individual shall have a right to obtain a copy of such information in electronic format and, if the Individual chooses, to direct that an electronic copy be transmitted directly to an entity or person designated by the individual in accordance with HITECH section 13405 (c). Under the Privacy Rule, Covered Entity is required to take action on such requests as soon as possible, but not later than 30 days following receipt of the request. Business Associate agrees to make reasonable efforts to assist Covered Entity in meeting this deadline. The information shall be provided in the form or format requested if it is readily producible in such form or format; or in summary, if the Individual has agreed in advance to accept the information in summary form. A reasonable, cost-based fee for copying health information may be charged. If Covered Entity maintains the requested records, Covered Entity, rather than Business Associate shall permit access according to its policies and procedures implementing the Privacy Rule.

- (b) Individual Right to Amendment. Business Associate agrees, if it maintains PHI in a Designated Record Set, to make amendments to PHI at the request and direction of Covered Entity pursuant to 45 C.F.R. §164.526. If Business Associate maintains a record in a Designated Record Set that is not also maintained by Covered Entity, Business Associate agrees that it will accommodate an Individual's request to amend PHI only in conjunction with a determination by Covered Entity that the amendment is appropriate according to 45 C.F.R. §164.526.
  - (c) Accounting of Disclosures. Business Associate agrees to maintain documentation of the information required to provide an accounting of disclosures of PHI, whether PHI is paper or electronic format, in accordance with 45 C.F.R. §164.528 and HITECH Sub Title D Title VI Section 13405 (c), and to make this information available to Covered Entity upon Covered Entity's request, in order to allow Covered Entity to respond to an Individual's request for accounting of disclosures. Under the Privacy Rule, Covered Entity is required to take action on such requests as soon as possible but not later than 60 days following receipt of the request. Business Associate agrees to use its best efforts to assist Covered Entity in meeting this deadline but not later than 45 days following receipt of the request. Such accounting must be provided without cost to the individual or Covered Entity if it is the first accounting requested by an individual within any 12 month period; however, a reasonable, cost-based fee may be charged for subsequent accountings if Business Associate informs the individual in advance of the fee and is afforded an opportunity to withdraw or modify the request. Such accounting is limited to disclosures that were made in the six (6) years prior to the request (not including disclosures prior to the compliance date of the Privacy Rule) and shall be provided for as long as Business Associate maintains the PHI.
8. Internal Practices, Policies and Procedures. Except as otherwise specified herein, Business Associate shall make available its internal practices, books, records, policies and procedures relating to the use and disclosure of PHI, received from or on behalf of Covered Entity to the Secretary or his or her agents for the purpose of determining Covered Entity's compliance with the HIPAA Rules, or any other health oversight agency, or to Covered Entity. Records requested that are not protected by an applicable legal privilege will be made available in the time and manner specified by Covered Entity or the Secretary.
9. Notice of Privacy Practices. Business Associate shall abide by the limitations of Covered Entity's Notice of which it has knowledge. Any use or disclosure permitted by this Agreement may be amended by changes to Covered Entity's Notice; provided, however, that the amended Notice shall not affect permitted uses and disclosures on which Business Associate relied prior to receiving notice of such amended Notice.

10. Withdrawal of Authorization. If the use or disclosure of PHI in this Agreement is based upon an Individual's specific authorization for the use or disclosure of his or her PHI, and the Individual revokes such authorization, the effective date of such authorization has expired, or such authorization is found to be defective in any manner that renders it invalid, Business Associate shall, if it has notice of such revocation, expiration, or invalidity, cease the use and disclosure of the Individual's PHI except to the extent it has relied on such use or disclosure, or if an exception under the Privacy Rule expressly applies.
11. Knowledge of HIPAA Rules. Business Associate agrees to review and understand the HIPAA Rules as it applies to Business Associate, and to comply with the applicable requirements of the HIPAA Rule, as well as any applicable amendments.
12. Information Incident Notification for PHI. Business Associate will report any successful Incident of which it becomes aware and at the request of the Covered Entity, will identify: the date of the Incident, scope of Incident, Business Associate's response to the Incident, and the identification of the party responsible for causing the Incident.
13. Information Breach Notification for PHI. Business Associate expressly recognizes that Covered Entity has certain reporting and disclosure obligations to the Secretary and the Individual in case of a security breach of unsecured PHI. Where Business Associate accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds, uses or discloses unsecured paper or electronic PHI, Business Associate immediately following the "discovery" (within the meaning of 45 C.F.R. §164.410(a)) of a breach of such information, shall notify Covered Entity of such breach. Initial notification of the breach does not need to be in compliance with 45 C.F.R. §164.404(c); however, Business Associate must provide Covered Entity with all information necessary for Covered Entity to comply with 45 C.F.R. §164.404(c) without reasonable delay, and in no case later than **three** days following the discovery of the breach. Business Associate shall be liable for the costs associated with such breach if caused by the Business Associate's negligent or willful acts or omissions, or the negligent or willful acts or omissions of Business Associate's agents, officers, employees or subcontractors.
14. Breach Notification to Individuals. Business Associate's duty to notify Covered Entity of any breach does not permit Business Associate to notify those individuals whose PHI has been breached by Business Associate without the express written permission of Covered Entity to do so. Any and all notification to those individuals whose PHI has been breached shall be made by the Business Associate under the direction, review and control of Covered Entity. The Business Associate will notify the Covered Entity via telephone with follow-up in writing to include; name of individuals whose PHI was breached, information breached, date of breach, form of breach, etc. The cost of the notification will be paid by the Business Associate.
15. Information Breach Notification for Other Sensitive Personal Information. In addition to the reporting under Section D.12, Business Associate shall notify



Covered Entity of any breach of computerized Sensitive Personal Information (as determined pursuant to Title 11, subtitle B, chapter 521, Subchapter A, Section 521.053, Texas Business & Commerce Code) to assure Covered Entity's compliance with the notification requirements of Title 11, Subtitle B, Chapter 521, Subchapter A, Section 521.053, Texas Business & Commerce Code. Accordingly, Business Associate shall be liable for all costs associated with any breach caused by Business Associate's negligent or willful acts or omissions, or those negligent or willful acts or omissions of Business Associate's agents, officers, employees or subcontractors.

E. Permitted Uses and Disclosures by Business Associates. Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in this Business Associates Agreement or in a Master Services Agreement, provided that such use or disclosure would not violate the HIPAA Rules if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity. Also, Business Associate may use PHI to report violations of law to appropriate Federal and State authorities, consistent with the HIPAA Rules.

1. Use. Business Associate will not, and will ensure that its directors, officers, employees, contractors and other agents do not, use PHI other than as permitted or required by Business Associate to perform the Services or as required by law, but in no event in any manner that would constitute a violation of the Privacy Standards or Security standards if used by Covered Entity.
2. Disclosure. Business Associate will not, and will ensure that its directors, officers, employees, contractors, and other agents do not, disclose PHI other than as permitted pursuant to this arrangement or as required by law, but in no event disclose PHI in any manner that would constitute a violation of the Privacy Standards or Security Standards if disclosed by Covered Entity.
3. Business Associate acknowledges and agrees that Covered Entity owns all right, title, and interest in and to all PHI, and that such right, title, and interest will be vested in Covered Entity. Neither Business Associate nor any of its employees, agents, consultants or assigns will have any rights in any of the PHI, except as expressly set forth above. Business Associate represents, warrants, and covenants that it will not compile and/or distribute analyses to third parties using any PHI without Covered Entity's express written consent.

F. Application of Security and Privacy Provisions to Business Associate.

1. Security Measures. Sections 164.308, 164.310, 164.312 and 164.316 of Title 45 of the Code of Federal Regulations dealing with the administrative, physical and technical safeguards as well as policies, procedures and documentation requirements that apply to Covered Entity shall in the same manner apply to Business Associate. Any additional security requirements contained in Sub Title D of Title IV of the HITECH Act that apply to Covered Entity shall also apply to Business Associate. Pursuant to

the foregoing requirements in this section, the Business Associate will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the paper or electronic PHI that it creates, has access to, or transmits. Business Associate will also ensure that any agent, including a subcontractor, to whom it provides such information, agrees to implement reasonable and appropriate safeguards to protect such information. Business Associate will ensure that PHI contained in portable devices or removable media is encrypted.

2. Annual Guidance. For the first year beginning after the date of the enactment of the HITECH Act and annually thereafter, the Secretary shall annually issue guidance on the most effective and appropriate technical safeguards for use in carrying out the sections referred to in subsection (a) and the security standards in subpart C of part 164 of title 45, Code of Federal Regulations. Business Associate shall, at their own cost and effort, monitor the issuance of such guidance and comply accordingly.
3. Privacy Provisions. The enhanced HIPAA privacy requirements including but not necessarily limited to accounting for certain PHI disclosures for treatment, restrictions on the sale of PHI, restrictions on marketing and fundraising communications, payment and health care operations contained Subtitle D of the HITECH Act that apply to the Covered entity shall equally apply to the Business Associate.
4. Application of Civil and Criminal Penalties. If Business Associate violates any security or privacy provision specified in subparagraphs (1) and (2) above, sections 1176 and 1177 of the Social Security Act (42 U.S.C. 1320d-5, 1320d-6) shall apply to Business Associate with respect to such violation in the same manner that such sections apply to Covered Entity if it violates such provisions.

**G. Term and Termination.**

1. Term. This Agreement shall be effective as of the Effective Date and shall be terminated when all PHI provided to Business Associate by Covered Entity, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity.
2. Termination for Cause. Upon Covered entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
  - a. Provide an opportunity for Business Associate to cure the breach within 30 days of written notice of such breach or end the violation and terminate this Agreement, whether it is in the form of a stand alone agreement or an addendum to a Master Services Agreement, if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity; or
  - b. Immediately terminate this Agreement whether it is in the form of a stand alone agreement or an addendum to a Master Services Agreement if

Business associate has breached a material term of this Agreement and cure is not possible.

3. **Effect of Termination.** Upon termination of this Agreement for any reason, Business Associate agrees to return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, maintained by Business Associate in any form. If Business Associate determines that the return or destruction of PHI is not feasible, Business Associate shall inform Covered Entity in writing of the reason thereof, and shall agree to extend the protections of this Agreement to such PHI and limit further uses and disclosures of the PHI to those purposes that make the return or destruction of the PHI not feasible for so long as Business Associate retains the PHI.

#### H. **Miscellaneous.**

1. **Indemnification.** To the extent permitted by law, Business Associate agrees to indemnify and hold harmless Covered Entity from and against all claims, demands, liabilities, judgments or causes of action of any nature for any relief, elements of recovery or damages recognized by law (including, without limitation, attorney's fees, defense costs, and equitable relief), for any damage or loss incurred by Covered Entity arising out of, resulting from, or attributable to any acts or omissions or other conduct of Business Associate or its agents in connection with the performance of Business Associate's or its agents' duties under this Agreement. This indemnity shall apply even if Covered Entity is alleged to be solely or jointly negligent or otherwise solely or jointly at fault; provided, however, that a trier of fact finds Covered Entity not to be solely or jointly negligent or otherwise solely or jointly at fault. This indemnity shall not be construed to limit Covered Entity's rights, if any, to common law indemnity.

Covered Entity shall have the option, at its sole discretion, to employ attorneys selected by it to defend any such action, the costs and expenses of which shall be the responsibility of Business Associate. Covered Entity shall provide Business Associate with timely notice of the existence of such proceedings and such information, documents and other cooperation as reasonably necessary to assist Business Associate in establishing a defense to such action.

These indemnities shall survive termination of this Agreement, and Covered Entity reserves the right, at its option and expense, to participate in the defense of any suit or proceeding through counsel of its own choosing.

2. **Mitigation.** If Business Associate violates this Agreement or either of the HIPAA Rules, Business Associate agrees to mitigate any damage caused by such breach.
3. **Rights of Proprietary Information.** Covered Entity retains any and all rights to the proprietary information, confidential information, and PHI it releases to Business Associate.
4. **Survival.** The respective rights and obligations of Business Associate under Section E.3 of this Agreement shall survive the termination of this Agreement.



5. Notices. Any notices pertaining to this Agreement shall be given in writing and shall be deemed duly given when personally delivered to a Party or a Party's authorized representative as listed in Section 8.7 of the agreement between the City and Grantee or sent by means of a reputable overnight carrier, or sent by means of certified mail, return receipt requested, postage prepaid. A notice sent by certified mail shall be deemed given on the date of receipt or refusal of receipt.
6. Amendments. This Agreement may not be changed or modified in any manner except by an instrument in writing signed by a duly authorized officer of each of the Parties hereto. The Parties, however, agree to amend this Agreement from time to time as necessary, in order to allow Covered Entity to comply with the requirements of the HIPAA Rules.
7. Choice of Law. This Agreement and the rights and the obligations of the Parties hereunder shall be governed by and construed under the laws of the State of Texas without regard to applicable conflict of laws principles.
8. Assignment of Rights and Delegation of Duties. This Agreement is binding upon and inures to the benefit of the Parties hereto and their respective successors and permitted assigns. However, neither Party may assign any of its rights or delegate any of its obligations under this Agreement without the prior written consent of the other Party, which consent shall not be unreasonably withheld or delayed. Notwithstanding any provisions to the contrary, however, Covered Entity retains the right to assign or delegate any of its rights or obligations hereunder to any of its wholly owned subsidiaries, affiliates or successor companies. Assignments made in violation of this provision are null and void.
9. Nature of Agreement. Nothing in this Agreement shall be construed to create (i) a partnership, joint venture or other joint business relationship between the Parties or any of their affiliates, (ii) any fiduciary duty owed by one Party to another Party or any of its affiliates, or (iii) a relationship of employer and employee between the Parties.
10. No Waiver. Failure or delay on the part of either Party to exercise any right, power, privilege or remedy hereunder shall not constitute a waiver thereof. No provision of this Agreement may be waived by either Party except by a writing signed by an authorized representative of the Party making the waiver.
11. Equitable Relief. Any disclosure of misappropriation of PHI by Business Associate in violation of this Agreement will cause Covered Entity irreparable harm, the amount of which may be difficult to ascertain. Business Associate therefore agrees that Covered Entity shall have the right to apply to a court of competent jurisdiction for specific performance and/or an order restraining and enjoining Business Associate from any such further disclosure or breach, and for such other relief as Covered Entity shall deem appropriate. Such rights are in addition to any other remedies available to Covered Entity at law or in equity. Business Associate expressly waives the defense that a remedy in damages will be adequate, and further waives any requirement in an action for specific performance or injunction for the posting of a bond by Covered Entity.

12. Severability. The provisions of this Agreement shall be severable, and if any provision of this Agreement shall be held or declared to be illegal, invalid or unenforceable, the remainder of this Agreement shall continue in full force and effect as though such illegal, invalid or unenforceable provision had not been contained herein.
13. No Third Party Beneficiaries. Nothing in this Agreement shall be considered or construed as conferring any right or benefit on a person not a party to this Agreement nor imposing any obligations on either Party hereto to persons not a party to this Agreement.
14. Headings. The descriptive headings of the articles, sections, subsections, exhibits and schedules of this Agreement are inserted for convenience only, do not constitute a part of this Agreement and shall not affect in any way the meaning or interpretation of this Agreement.
15. Entire Agreement. This Agreement, together with all Exhibits, Riders and amendments, if applicable, which are fully completed and signed by authorized persons on behalf of both Parties from time to time while this Agreement is in effect, constitutes the entire Agreement between the Parties hereto with respect to the subject matter hereof and supersedes all previous written or oral understandings, agreements, negotiations, commitments, and any other writing and communication by or between the Parties with respect to the subject matter hereof. In the event of any inconsistencies between any provisions of this Agreement in any provisions of the Exhibits, Riders, or amendments, the provisions of this Agreement shall control.
16. Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with the HIPAA Rules and any applicable state confidentiality laws. The provisions of this Agreement shall prevail over the provisions of any other agreement that exists between the Parties that may conflict with, or appear inconsistent with, any provision of this Agreement or the HIPAA Rules.
17. Regulatory References. A citation in this Agreement to the Code of Federal Regulations shall mean the cited section as that section may be amended from time to time.

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  
The Wright House Wellness Center  
Austin, TX United States

Certificate Number:  
2017-182470

Date Filed:  
03/24/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  
City of Austin-Austin Public Health Department

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.  
MA 9100 NG170000036  
HIV Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



### 6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Lauren Potter  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said LAUREN POTTER, this the 23<sup>rd</sup> day of APRIL, 20 17, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

E. DALE HOWARD, JR.  
Printed name of officer administering oath

ACTARY  
Title of officer administering oath